

**PROCUREMENT AND PERFORMANCE IN THE PUBLIC SECTOR:
A STUDY IN THE CONTEXT OF THE NEW ZEALAND
COMMUNITY PROBATION SERVICE**

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TABLE OF CONTENTS

List of Tables	1
Abstract	5
Acknowledgements	7
Part One: Theory & Methodology	8
Chapter 1: Context & Linkages	
1.1 The Demise of Public Administration and the Rise of the New Public Management (NPM)	10
1.2 Principal Features of the 'New Public Sector Management' (NPM)	11
1.3 The New Zealand Public Sector Management System – Whatever Happened To Effectiveness	14
1.4 The Criminal Justice System, Private Entities and the Administration of Court-Ordered Sanctions	20
1.5 Defining the Nature of the Problem	26
1.6 Purpose and Research Questions	27
Chapter 2: Methodological Strategy	
2.1 The Conceptual Framework	30
2.2 The Research Design	35
2.3 Data Collection Techniques	38
2.4 The Data Collection Instruments	41
2.5 Data Sources	49
2.6 The Procedure.....	53
2.7 Ethical Considerations	57

Chapter 3: Ideological, Theoretical and Evaluative Discourses on Indirect Government

3.1 Achieving Results Through Indirect Government.....	60
3.2 Achieving Results Through the Private Provision of Public Services - An Ideological Discourse	61
3.3 Agency Theory and Indirect Government – An Evaluative Perspective on this Theoretical Model	72
3.3.1 Achieving Results by way of Pre-contractual Planning and Assessment ..	74
3.3.2 Measuring Results by way of Contract Monitoring and Evaluation	79

Chapter 4: Performance – Definitions, Measurement and Utilization Within the Public Sector

4.1 Coming to Grips with the Meaning of Performance	82
4.2 Methods of Performance Measurement	86
4.3 Dilemmas in Measuring Public Sector Performance	87
4.4 Performance Measurement – Selecting the Appropriate Focus and Measures	93
4.5 Aspects of Measuring Effectiveness	95
4.6 Putting Performance Information to Use.....	100

Chapter 5: Rehabilitative Services within the Criminal Justice System - The Application of Empirical and Best Practice Knowledge to an Outcome-Focused Evaluative Framework

5.1 Summary Description of Intervention Logic	102
5.2 Correctional Standards	105
5.3 Programmatic Goals	105
5.4 Inputs for Service Implementation	108
5.5 Programmatic Processes and Content for Service Implementation.....	113
5.6 Monitoring and Evaluation for Service Implementation	133
5.7 Standards for the Design and Administration of Services and Programmes	138
5.8 Management Standards for the Implementation of Correctional Services	140

Part Two: The Findings of the Research Project	144
Section 2.1 Performance and the Transfer of Private Sector Contracting Technologies to the Public Sector	145
Chapter 6: Perspectives on the Benefits of Indirect Government	
6.1 The Informants' Experiences of the Contractual Relationship	146
6.2 Benefits of Indirect Government	148
6.3 Direct Or Indirect Provision?	160
Section 2.2 Performance and the Pre-Contract Assessment	163
Chapter 7: The Realities of Implementation – Informants Speak to Adverse Selection	
7.1 Factors Influencing Purchasing Decisions – An Overview	164
7.2 Defining the Nature and Scope of the Problem	165
7.3 The Contribution of the Funding Proposal Document to Decisions to Contract	172
7.4 Additional Informational Requirements	174
Chapter 8: The Utility of a Best-Practice Standard – The Introduction and Administration of the CPAI in New Zealand	
8.1 Demographic Description of Service Providers	177
8.2 Programme Implementation	178
8.3 Client Assessment	179
8.4 Programme Characteristics	182
8.5 Staff Characteristics/Practices	186
8.6 Evaluation	187
8.7 Accountability.....	188
8.8 CPAI – Results Summary	188
8.9 Cultural Sub-Section	190
8.10 Provider Reactions to the CPAI	197

Chapter 9: ‘Policy Makers’ or ‘Policy Takers’ – The Question of Responsiveness

9.1 The Ultimate Outcomes – The Government’s Strategic Result Areas.....	205
9.2 The Department of Corrections’ Key Result Areas	205
9.3 The Community Probation Service’s Strategic Result Areas 1998/99	206
9.4 The Goal of the Community Programme and Maatua Whangai Programme Fund	207
9.5 Summary	207
9.6 The Providers’ Goals	208
9.7 Achieving Responsiveness Through Goal Alignment and Clarity of Expectations	208

Chapter 10: Defining Quality in the Eyes of the Beholders

10.1 Appropriateness	214
10.2 Responsiveness to Clients	223
10.3 Credibility	234
10.4 Competence as a Property of Quality	245
10.5 Security as a Property of Quality	249
10.6 Reliability as a Property of Quality	250
10.7 Communication as a Property of Quality	250
10.8 Presentation as a Property of Quality	254

Chapter 11: Aspects of Contracting that Impact on Quality

11.1 Competition and Quality	255
11.2 Remuneration and Quality	256
11.3 Contract Length and Quality	263
11.4 Competence and Quality	266

Section 2.3 Performance and Contract Monitoring	268
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Chapter 12: Are Targeted Clients Served?

12.1 Defining the Target Group	272
12.2 What Needs do Providers Target?.....	272
12.3 The Question of Serving Eligible Clients	278
12.4 The Providers' Assessment Procedures	281

Chapter 13: Matters of Economy and Efficiency

13.1 Indicators of Economy	289
13.2 Indicators of Efficiency	291
13.3 Data to Inform Economy and Efficiency – An Examination of the Secondary Data	291
13.4 Productive Efficiency and Restricted Funding	296

Chapter 14: Matters of Effectiveness

14.1 Indicators of Effectiveness	308
14.2 Integrity and Responsiveness of Delivery	309
14.3 Output Measures	309
14.4 Outcome – The Community Probation Service's Measurement System	319
14.5 Outcome – providers' Measurement System	321
14.6 Client Response at Programme Completion	327

Chapter 15: Accuracy and Utility in Monitoring Performance

15.1 Difficulties in Measuring Performance	337
15.2 The Utility of Monitoring Information	338

Chapter 16: Procurement and Performance: An Assessment

16.1 The Research Issue in Context 342

16.2 Achieving a Public Sector Purpose – Discussion and Implications 343

16.3 The Pre-Contract Assessment – Discussion and Implications 344

16.4 Contract Monitoring and Performance – Discussion and Implications 348

16.5 The Research Questions – A Summarized Response..... 358

16.6 Looking Back and Looking Forward – Conclusions, Limitations and
Further Research 361

References 365

Appendices

LIST OF TABLES

Table 1:	Programme Logic Matrix	32
Table 2:	Types of Services Funded under the Community Programme / Maatua Whangai Programme Funds, 1997/98	49
Table 3:	Types of Services Delivered by the Sample of Providers	52
Table 4:	Matching Offender Characteristics with Treatment Type	117
Table 5:	Matching Offender and Therapist Characteristics	118
Table 6:	Matching Therapist and Treatment	118
Table 7:	Motivational Stages of Change and Therapists' Tasks	130
Table 8:	Length of Relationship between CPS and Non-Government Service Providers	146
Table 9:	Benefits of Indirect Government – Informants' Views	148
Table 10:	Factors Influencing CPS's Purchasing Decisions	164
Table 11:	Areas of Difficulty Associated with the Client Profile Data - 'Contract Managers' Views	169
Table 12:	Types of Funding Proposal Information Influencing Area Managers' Purchasing Decisions.....	173
Table 13:	Programme Implementation in Provider Services	179
Table 14:	Client Assessment in Provider Services	180
Table 15:	Programme Targets in Provider Services	183
Table 16:	Programme Modalities in Provider Services	184
Table 17:	Programme Activities in Provider Services	185
Table 18:	Operant Strategies in Provider Services	185
Table 19:	Relapse Prevention Strategies in Provider Services	186
Table 20:	Staff Characteristics/Practices in Provider Services	186
Table 21:	Evaluation in Provider Services	187
Table 22:	Accountability in Provider Services	188

Table 23:	CPAI Scores for Individual Programmes	189
Table 24:	CPAI Scores by Type of Provider Programme	190
Table 25:	Maori Staff and Maori Clients in Provider Services	192
Table 26:	The Cascading Links Impacting on the Purchasers' Goals	207
Table 27:	Practice Models that Achieve Results – Informants' Views	215
Table 28:	Appropriate Practice Strategies – Informants' Views	219
Table 29:	Intensity of Intervention	222
Table 30:	Average Number of Clients Receiving Services from Providers Responding to the Special Needs of Maori, Pacific Island Peoples, Women and Youth	226
Table 31:	Quality Indicators for Credibility – CPS Informants' Views	234
Table 32:	Measures of Accountability Operating in Provider Agencies	237
Table 33:	Accountability Measures – Provider Identified Benefits	243
Table 34:	Staff Competence as a Property of Quality	245
Table 35:	Successful Provider Characteristics – Purchasers' Perceptions	246
Table 36:	Level of Satisfaction with the Quarterly Reports as a Method of Communication – Area Managers' Views	251
Table 37:	Frequency of Contact between CPS and Providers.....	252
Table 38:	Quality of the Liaison between CPS and Providers - Providers' Views	252
Table 39:	Availability of Replacement Correctional Services	255
Table 40:	Community Probation Service Funding and Agency Survival	257
Table 41:	Sufficiency of the Unit of Cost for Services – Providers' Experiences	257
Table 42:	Alternative Funding Sources that Contributed to Services for Offenders	258
Table 43:	Level of Client Service Affected by Insufficient Payments for Units of Service	260
Table 44:	Contract Length – Informants' Preferences	263

Table 45:	Presence/Absence of Suggested Performance Measures in the Community Probation Service's Contract	270
Table 46:	Needs Targeted and Intervention Setting in Provider Services	273
Table 47:	Additional Offender Needs Identified by Providers	274
Table 48:	Presence of Entry Criteria amongst Provider Services	279
Table 49:	Context of Assessment in Provider Services	282
Table 50:	Assessment Procedures in Provider Services	283
Table 51:	Areas of Interest in Provider Assessments	285
Table 52:	Indicators of Economy Noted by Informants	289
Table 53:	Indicators of Efficiency Noted by Informants	291
Table 54:	Non-Residential Alcohol and Drug Services – Units of Service and Costs	292
Table 55:	Residential Services - Units of Service and Costs	293
Table 56:	Sex Offender Programmes – Units of service and Costs	294
Table 57:	Budgeting Services for Offenders – Units of Service and Costs	294
Table 58:	Driving Programmes – Units of Service and Costs	294
Table 59:	Stopping Violence Services for Offenders – Units of Service and Costs	295
Table 60:	Service Demand against Purchased Units of Service – Informants' Views	297
Table 61:	Types of Criminogenic Needs and Excess Demand	297
Table 62:	Non-Residential Alcohol and Drug Programmes – Planned Purchase-of-Service Units against Utilization During the 1997/98 Year	298
Table 63:	Residential Services – Planned Purchase-of-Service Units against Utilization During the 1997/98 Year	299
Table 64:	Driving Programmes for Offenders - Planned Purchase-of-Service Units against Utilization During the 1997/98 Year	300
Table 65:	Mixed Services - Planned Purchase-of-Service Units against Utilization During the 1997/98 Year	300

Table 66:	Stopping Violence Services - Planned Purchase-of-Service Units against Utilization During the 1997/98 Year	301
Table 67:	A Summary of the Degree of Efficiency in Relation to Purchasing Service Units for Offenders	302
Table 68:	Indicators of Effectiveness – CPS Informants’ Views	308
Table 69:	Output Measures Suggested by CPS Informants and Recorded by Providers	310
Table 70:	Output – Average Percentage of Client Completion of Programmes	311
Table 71:	Successful Outputs – Informants’ Identified Factors	313
Table 72:	Personal Characteristics Associated with Offenders who Fail in Programmes	315
Table 73:	Contextual Factors Associated with Programme Failure	317
Table 74:	Demographic Factors Associated with Programme Failure	318
Table 75:	Focus of Client Self-Evaluation in Provider Services	323
Table 76:	Average Percentage of Offenders Achieving Intermediate Outcomes	328
Table 77:	Alcohol and Drug Programmes – Client Progress	328
Table 78:	Residential Programmes – Client Progress	329
Table 79:	Stopping Violence Programmes – Client Progress	331
Table 80:	Providers’ Descriptions of Intermediate Outcomes for Offenders	332
Table 81:	Information to Inform Aspects of Performance – Providers’ View	339
Table 82:	Provider Identified Targets for Accountability Information	340

Abstract

The theoretical discourses emanating from private sector management and the new institutional economics were influential in shaping the worldwide reforms of the public sector. In New Zealand's public management reforms, for instance, the pervasive adoption of market mechanisms, such as contracting and competition, were a significant feature. While proponents argue that competition and the agency relationship inherent in contracting enhance the 'achievement of results,' other commentators in the literature state that this argument is merely ideological in nature and that there is little empirical evidence to support it.

Within the context of these literary positions, the present research sought to examine the extent to which management by contract and competition foster the achievement of performance for the stakeholders concerned with the provision of indirect, rehabilitative services for offenders. In order to explore this issue the study drew on the conceptual framework of programme logic to fully canvass the multitude of factors that might impact on the proficiency of these two instruments of government in achieving results. This framework guided the design of the survey questionnaires. In addition, a qualitative approach was selected, not only because it seemed to have the potential to expose the complexity of factors influencing performance within the various components of contracting, but also because it has the potential to reveal nuances within responses and diversities of opinion.

The data challenge the ideological position that there is a link between contracting and competition and the achievement of performance. Instead, the results confirm the theoretical position that the problem of asymmetric information in agency theory exists in the contracting relationship under examination, and because of this there is uncertainty about whether these indirect services contribute to the public purpose. Moreover, an outcome-focused performance management system was not integrated into the implementation of the contractual framework. The pre-contract assessment was not guided by evidence-based standards, an understanding of the intervention logic between services purchased and outcomes sought, or monitoring data – strategies with which to counter the problem of adverse selection. Contract monitoring procedures failed to include a mechanism with which to confirm the integrity with which indirect services were delivered; and, performance indicators were neither comprehensive nor reliable, valid and of a comparative nature – strategies with which to counter the problem of moral hazard.

Additionally, the results suggest that an output-focused procurement system restrains the adoption of developmental approaches to contracting; precludes an emphasis on the capacity and capability of those involved in the contractual relationships; and, fosters a 'silo' mentality across government sectors which seems to impact on the efficacy with which the public sector addresses client needs in a responsive manner.

Interestingly, the results point to other factors that may be pertinent to the achievement of results. These factors include level of organizational development; staff's professional commitment and motivation to contribute to the public good; and, contractual relationships that are collaborative, enduring and involve implicit understandings.

In all, these findings suggest that a review of public sector policies and practices associated with the implementation of procurement practices is warranted; and such a review seems all the more imperative in the correctional context where public safety could well be compromised.

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PART ONE:

THEORY & METHODOLOGY

Chapter 1: Context & Linkages

Arguably the main purpose of public sector organizations is to select and implement strategies, which effectively contribute to positive outcomes for the community. In recent times many countries have reformed their public sector management systems in order to better achieve such results. While different countries variously adopted and emphasized a range of strategies in their reformed public management systems, in New Zealand contracting practices (underpinned by the theory of agency) and competition were predominant approaches. Proponents of such market mechanisms argued that they would enhance public sector performance, that is, enhance accountability, effectiveness, efficiency and economy. Yet despite the conviction of this argument, some commentators in the literature suggest that it is merely rhetoric and that there is a paucity of empirical evidence to support this point of view. This research, therefore sought to add some empirical information to the debate by exploring the link between the strategies of contracting and competition and outcome achievement by examining the contractual relationship between the New Zealand Community Probation Service (CPS) ¹ and a range of service providers who delivered programmes to offenders in the community.

The first chapter provides the background and context for the study. The forces driving the public sector reforms worldwide and the main elements of the same are described. Next the chapter focuses on the New Zealand public management system and the approaches adopted to achieve results. The discussion then shifts to the criminal justice system and the various arguments for and against contracting with the non-government sector; responses to law violation in New Zealand; and, a brief description of the funds appropriated for the purchase of indirect rehabilitative services - information about which provides the data that informs the present study. The chapter concludes by explaining the nature of the problem, the purpose of the research and the questions posed.

¹ Throughout the text the New Zealand Community Probation Service is referred to as 'CPS' or the 'Service'.

1.1 The Demise of Public Administration and the Rise of the New Public Management (NPM)

For most of the twentieth century public administration² was the preferred model for the organization of the public sector. However, during the 1980's and 1990's the basic tenants underpinning this model were challenged and governments worldwide 'reinvented' the organization of their public sector institutions (Osbourne and Gaebler, 1992).

The reinvention was primarily instigated to enhance public sector performance and involved a shift from "... following instructions ... to achiev(ing) results (Weller et al, 1993:17; Hughes, 1994:60, 61; Desautels, 1997:73). Two main forces resulted in the demise of 'public administration' and its subsequent replacement by the principles³ comprising the public sector reform agenda, most commonly referred to as the 'New Public Management' (NPM) (Hood, 1991:4). First the economic decline experienced by most Western countries in the late 1970's and 1980's necessitated cuts in public expenditure. This was achieved by reducing the size of public sector bureaucracies and by requiring a more selective approach to expenditure on publicly delivered programmes. Second, the development of new intellectual paradigms challenged traditional explanations of organizational behaviour and structural arrangements in the public sector. For example, the economic analysis of organizations propounded the belief that not only could market forces allocate resources in a more efficient manner, but that such forces were better able to successfully achieve social and economic goals. Moreover schools of thought from the management tradition believed that an effective and efficient public sector could only be achieved if managers were relieved of restrictive bureaucratic practices and given freedom to implement innovative management practices - such practices being transferred from the private to the public sector. This tradition extolled the virtues of the private sector - virtues which, when adopted, resulted in the widespread commercialization and privatization of many activities that had formerly been the preserve of the public sector. (Keating, 1990:131; Weller et al, 1993:2-3; Zifcak, 1994:26; Weller, 1996:2; McGuire, 1997:103).

² For a full discussion on the meanings of the terms 'Public Administration' and 'Public Management' see Hughes, 1994:4-9.

³ The principles underpinning the public sector reforms were derived, in the main, from two schools of thought, the new institutional economics, in particular public choice theory, agency theory and transaction cost theory; and the considerable literature extolling the virtues of private sector management (Boston, 1991:2; Hood, 1991:4; Schick, 1996:15; Sullivan, 1997:3).

While there are a number of manifestations of this new model of public sector management in the literature ⁴ and countries differed in the way they emphasized and adopted various aspects of the model (Hood, 1992:35,41-45), there are a number of features common to all. These features are summarized in the next section.

1.2 Principal Features of the ‘New Public Sector Management’ (NPM)

The reforms proposed for the public sector were entrepreneurial in nature - entrepreneurial in the sense that public sector managers were invited to be open to new ideas and innovative ways of carrying out public sector activities (Gaebler, 1996:17). It is a discretionary style of management with a view to maximizing productivity and effectiveness, constrained only by the mission and strategic direction of the politicians and the performance targets set by the same. Concisely the elements that comprise the NPM model provide a fine balance between a flexible and discretionary approach (for example, the utilization of resources and the selection of instruments for service delivery) and certain mechanisms of control (for example, mechanisms of accountability to politicians and the public such as performance targets encompassed in employment contracts and the use of client charters), all of which are designed to ensure that public sector activities are directed towards the achievement of results. There are six principal elements in the NPM model that pervade the literature.

First, the NPM emphasizes and values private sector management over the technical and professional expertise so integral to the former public administration model. Hood (1992:39-40) states that “...proven private sector management tools...” pervade the NPM model thereby “... lessening or remov(ing) ... the differences between the public and private sector...” Some of the private sector management tools adopted and utilised by the public sector under the NPM model, include corporate management; performance measurement; the use of short-term labour contracts; and the development of management information systems (Boston, 1991:9-10; Shand, 1996:67-68).

Second, NPM emphasized performance enhancement and to this end introduced a shift in emphasis from rules and procedures to a focus on results (Drucker, 1974; Wholey, 1983:4; Brudney and Morgan, 1988:163; Hughes, 1994:261; Gregory, 1995:18; Muetzelfeldt, 1995:95;

⁴ These manifestations include “...‘managerialism’ (Pollitt, 1990); ‘new public management’ (Hood, 1991); and ‘market-based public administration’ (Lan and Rosenbloom, 1992) or ‘entrepreneurial government’ (Osborne and Gaebler, 1992)” (Hughes, 1994:2).

Breul, 1996:76-77; Boston, 1997:184-185; Desautels, 1997:73; Matheson, 1997; Scott, 1997; Poister and Smith, 1999:326; Scott, 2001:1,11). Moreover, public sector managers were made accountable for what they spent, and most importantly given personal responsibility for the delivery of quality services that were both efficient and effective in achieving organizational goals as well as contributing to the wider policy objectives of the governments for whom they served (Butt and Palmer, 1985:3-6; Paul, 1989:4; Hood 1991:4; Hood, 1992:40; Hughes, 1994:58 and 69; Shand,1996:68; Mauhood, 1997:135; Poister and Streib, 1999:326). Under the reforms results-focused management entailed a number of strategies. These strategies included an enhanced strategic perspective to provide focus and direction for all public sector activities (Hughes,1994:70), and to facilitate the centre to steer in a way that permitted quick, flexible and economic responses to external changes and diverse interests; a focus on outputs to encourage managers to select programmes known to contribute positively to the stated strategic goals; using programmes rather than inputs as the basis for budgetary allocations and selecting structural designs (Hughes, 1994:70); the development of objectives for both staff and programmes and performance indicators and targets to facilitate performance measurement, together with incentive systems and sanctions to ensure the attainment of results (Boston, 1991:9; Hood,1992:40; Hughes, 1994:58); and systematic evaluations to ensure the efficient and effective use of resources (Pollitt,1990:59).

Third, both Boston (1991:9) and Hood (1992:40) recognize that an important mandate of NPM is to do more with less. On the one hand public spending per se is restricted, while at the same time managers are urged to raise the levels of productivity within their organizations. While Osborne and Gaebler (1992:33) argue that productivity improvements are assisted by using best-practice to guide the selection of inputs - "...the most knowledgeable workers, the most groundbreaking research, the cheapest capital, the best infrastructure..." Hughes (1994:71) suggests that the adoption of flexible staffing and budgetary practices, such as the use of short-term contracts, will achieve the same end.

Fourth, under the NPM managers were encouraged to adopt a more participatory style of management – a style that is more outward-looking and that invites a public sector culture that welcomes interaction with, and responsiveness to, politicians as well as with the public as clients of services delivered. Whereas in the administrative model attempts were made to depoliticize the public sector, in NPM the public service follows political goals. Politicians set

broad strategic goals and set performance targets for managers – targets, if not met, could result in the termination of the employment contracts of such managers (Walsh, 1995:xx).

Of the clients of publicly delivered services, they have been redefined as customers (Mauhood, 1997:135). Public sector organizations are directed to improve their responsiveness to citizens and encourage their active participation in the style and content of service delivery (McGuire, 1997:103). Ideally public service organizations should provide citizens with choice from a range of services, and implement systems for complaint and redress - systems which Walsh (1995:xv) contends "...will act as a spur to maintaining and improving public service quality and efficiency."

Fifth, public sector organizations were disaggregated, decentralized and devolved.

Disaggregation refers to break up of large organizations into smaller units of activity with the intention of making them more manageable, more efficient and more focused on the responsibilities delegated to them. Such divisions have occurred along various areas of responsibility and relate to each other at arms length (Hughes, 1994:69). Examples include separating responsibilities for policy advice and policy implementation; separating commercial and non-commercial enterprises; separating ownership and purchasing responsibilities; and, separating purchasing activities from the provision of services.

Together with disaggregation, the principles of decentralization and devolution are central to the NPM model. While strategic tasks and direction remain at the centre, managers of these smaller units are given responsibility for outputs and budgets (Erenstrom, 1992:63).

Accountability is maintained through the use of reporting and monitoring mechanisms. In this decentralized management environment managers are close to the point of service delivery - proximity which arguably results in more efficient resource allocation, more effective decisions about service delivery and more control over work practices (Walsh, 1995:xiii). Moreover, such units are less remote from citizens and thereby there is the opportunity to invite feedback from customers and other interested parties (Shand, 1996:69).

The sixth hallmark of the NPM model is the utilization of contract-based, competitive provision of services (Boston, 1991:9; Hood, 1992:40). There appear to be three reasons noted in the literature for the pervasive use of contract and competition within the reform paradigm.

First there was a drive to reduce the scope of the public sector. One method for achieving this was to instigate what Codd (1996) refers to as redrawing the boundaries between the public and private sectors. At one extreme this could mean the wholesale privatization of activities that had previously been the preserve of the public sector. More commonly however the public sector has adopted policies of contracting out certain non-core activities⁵. In effect the utilization of these policy instruments does not mean that the state abdicates its ultimate responsibility for these activities. Instead it means that the state takes responsibility for what Osborne and Gaebler (1992) refer to as steering not rowing. The only shift to the private sector was the control and management of such activities - a shift that introduced new modes of operation and reduced the number of public servants - with the main aim being to reduce costs.

Secondly proponents of market mechanisms maintain that competition within public sector, between public and private sector organizations and between private sector organizations lowers costs and enhances quality (Hood, 1992:40; Mauhood, 1997:139).

Third, the use of performance contracting is claimed to enhance overall performance and ensure accountability. Such contracts specify acceptable levels of autonomy and performance targets and incorporate rewards for their achievement and sanctions for non-performance. Needless to say such performance contracting mechanisms need to be accompanied by a performance measurement system (Shand, 1996:70).

While this review has outlined the main features of the new approach to public sector management per se, the next section explores the public sector reforms in New Zealand.

1.3 The New Zealand Public Sector Management System – Whatever Happened to Effectiveness

Since 1987 a number of legislative and management initiatives have been put in place to overhaul New Zealand's public management system. These initiatives included the restructuring of government organizations; the introduction of the government's strategic planning system; and, the introduction of performance management and accountability systems

⁵ For a discussion of the range of market strategies adopted within the context of the public sector reforms see Poole (1980), Straussman (1981), Savas (1982), Steel et al. (1984:13), Hughes (1994:264-265), Boston (1995:70), Walsh (1995), and Lunt et al. (1996:369).

– all framed significantly by the State Sector Act, 1988, the Public Finance Act, 1989 and the Fiscal Responsibility Act, 1994 (Scott, 2001:11). Boston (1997:184-185) and others (Scott, Bushnell and Sallee, 1990; Hunn, 1994; Irwin, 1996:26) maintain that the enactment of the legislation was crucial to the implementation of New Zealand's reform agenda. For example, Scott et al. (1990) maintain that these pieces of legislation removed the constraints on managers of the former 'input-driven' system while simultaneously providing appropriate incentives for managers to perform⁶. In particular the State Sector Act redefined the relationship between the Chief Executive and Ministers and provided the means with which to hold Chief Executives responsible for the performance of their departments.⁷ Of note here is the fact that Chief Executives are responsible to the "appropriate Minister for the effective, efficient and economical management of the activities of the Department." The Public Finance Act 1989 established the reporting requirements for monitoring such performance.⁸ Government departments are required to specify their financial requirements and output targets in advance (this ex ante specification is encompassed in performance agreements between each Chief Executive and the respective responsible Minister); and then later report on the actual results of their performance (financial statements and Statements of Service i.e. ex-post reporting). The Fiscal Responsibility Act adds a medium and long-term focus to the budget and management cycles operationalized under the Public Finance Act (OECD, 2002:66).

While writers such as Hunn (1994:25) imply that New Zealand's public sector reforms aimed to enhance performance and value for money more generally, other commentators maintain that the intention and the reality of such reforms were somewhat more limited. Boston (1997:184), for example, quotes the Treasury's 1987 document, *Government Management - Brief to the Incoming Government*, as stating that the central objectives of the New Zealand reforms were 'improved efficiency and accountability;' and, Irwin (1996:25) comments that such accountability is 'arguably narrow.' Schick (1996:73) agrees. He writes:

⁶ Osborne and Gaebler (1992) and Drucker (1992:80-103) maintain that the implementation of a results-orientated management system is in itself an incentive to achieve.

⁷ See Section 32 of the State Sector Act 1988 for a list of Chief Executive's responsibilities in relation to the Minister and their departments.

⁸ See Public Finance Act 1989 Sections 33(2) and (3).

The New Zealand version of accountability currently has more to do with purchase than ownership, more with producing outputs than with overall capacity of the department, more with whether managers are meeting specified targets than with whether public programmes are effective.

Purchaser and Ownership Interests – Of the purchaser and ownership interests of government, the Public Finance Act required departments to distinguish respectively between the costs of services purchased and their financial position with respect to assets and liabilities. According to Schick (1996) more is required to enhance department's accountability for the Ministers' ownership interests, and Scott (2001:206) maintains that this is especially important "where there are few or no practical opportunities to acquire the services in question by contracting out to other suppliers." While Gill (1999:59) believes that there is an inherent conflict of interest in requiring Ministers to be watchful of economic purchasing whilst simultaneously building the capacity and capability of the assets and staff in the departments for which they are responsible, Scott (2001) believes that the balance between purchase and ownership interests can be achieved through improved ownership monitoring via performance management systems, the universal application of quality management systems, including benchmarking, and a focus on staff development and capability.

Outputs and Outcomes – The New Zealand management system's approach to outputs and outcomes is somewhat different from that of other OECD countries. The Australian Commonwealth Government's Financial Management Improvement Programme (FMIP); the National Priority Review (NRP) and the Government Performance and Results Act (GPRA), 1993 in the United States of America; and Canada 2000 are all corporate management systems in which public sector managers are held accountable for outcomes (Ball, 1992; MAB/MAIC, 1992; Osbourne and Gaebler, 1992; GASB, 1993, 1994; Kettl, 1994; Irwin, 1996; McGuire, 1997:102).⁹ In contrast, the focus of New Zealand's public management system is on outputs, and chief executives are held accountable for these (Scott and Gorringer, 1989; Scott, Bushnell and Sallee, 1990; Ball, 1992; Gill, 1999; Scott, 2001:172; Kettl, 2002:562). Moreover, in the New Zealand system there is a sharp distinction between outputs and outcomes. Ministers select which outcomes to pursue, purchase outputs to contribute to these, and are accountable to parliament for both. Government agencies are accountable to Ministers for the direct and indirect delivery of outputs (Irwin, 1996:8).

⁹ See Ball (1992), Zifcak (1994:125-133), Irwin (1996) and Schick (1996) for an outline of the theoretical advantages and the pragmatic limitations of outcome-focused public management systems.

Ball (1992) contends that this separation of outputs from outcomes, together with the associated separation of responsibilities for such performance elements, makes the concept of accountability much stronger in New Zealand than elsewhere. This strength derives from the fact that output-focused management systems are generally ‘more controllable’ (Irwin, 1996). Yet Grimes et al. (2001:100) notes that measuring and valuing outputs has been problematic and the 1999 Controller and Auditor-General report states that public managers have generally failed to describe output measures that “reflect performance fairly and comprehensively” and that “the standard achieved so far is not nearly good enough.”

Scott (2001:179) writes that the reformers believed that public sector managers would hold a strong interest in the nature and the quality of the services delivered and that the system provided incentives for them to select outputs that contributed to objectives described by ministers. However, Blakely et al (1996:17) note with concern that such an approach “...presents the problem of effectiveness as if it was exogenous to the public sector.” Moreover, Irwin (1996:21), Gregory (1995:18) and Ball (1992:56) suggest that services could be delivered very efficiently but make little, if any, contribution to the outcomes sought by government. Wintringham (1999) and others (Scott, Bushnell and Sallee, 1990; Schick, 1996; State Services Commission, 1998; Wintringham, 1999) suggest that part of the problem lies with the fact that the link between the financial and strategic management systems in the public sector is weak; that financial concerns drive strategic matters; and, that the focus is more on efficiency than service quality and effectiveness .

Lack of Focus on the Public Interest – As early as 1991 the Logan Report expressed concern about New Zealand’s public management system’s neglect of the ‘public interest.’ Logan identified a lack of alignment between the performance requirements of government, departments and chief executives. In response to this concern the government introduced a new strategic management system in 1994. Under this new system the Government’s objectives for the public sector are described in terms of Strategic Result Areas (SRA’s) and each government department develops Key Result Areas (KRA’s) which set out the policies and programmes to be implemented that will contribute and bring effect to government priorities (Irwin, 1996:9; Boston, 1997:188-189; Wintringham, 1999:4). While this system provided some direction for public sector activities, increased awareness of government priorities and encouraged departments to clarify organizational objectives, Wintringham (1999:4) writes, “... there are too many goals and priorities; they are too generic;

they cover too much ground; and it is hard to assess results” (See also Schick, 1996; and State Services Commission, 1998). In other words, the Government’s SRA’s lack sufficient specificity, limiting the public service’s ability to interpret and operationalize them effectively, as well as limiting any efforts to measure and evaluate the contribution that purchased services make to government goals (Erenstrom, 1999; Gill, 2000; Tanner, 2001).

Inexplicit Intervention Logic Between Outputs and Outcomes - A number of critics maintain that the cause-and-effect link between outputs purchased by Ministers and outcomes prioritized by the same, is at best tenuous (Downs and Larkey, 1986:85 and 133; Logan, 1991; Chapman, 1995:18; Duncan, 1995:160; Gregory, 1995:20; Schick, 1996; State Services Commission, 1998; Washington, 1999; Gill, 2000:9). Also of concern is Boston’s (1993:14-29) contention that New Zealand’s “... budgeting process has focused primarily on outputs, with outcomes often being chosen, it seems, on the basis of, and in order to validate, existing outputs.” Erenstrom (1999:61), Irwin (1996:26) and Logan (1991) call for an enhanced use of pre-budget policy analysis and evaluation to provide information about the context and influences, both present and future, together with the effects of previous initiatives - information with which to select appropriate outputs with which to meet SRA outcomes. A State Services Commission’s report (1998:19) claims that to date, the information that is available is concerned mostly with efficiency and little with effectiveness. Moreover, while Duncan (1997: 70-71) and Schick (1996:74) understand that the separation of outputs and outcomes reflects New Zealand’s larger reform agenda of imposing arms-length, contract-based systems to separate policy development from policy implementation in order to preclude ‘producer capture’, they observe that in most cases the government works in areas where there is no competitive environment - a precursor for the successful implementation of ‘separation’ systems of management. Instead, they advocate a more cooperative approach between politics and management and that government departments should develop strategic plans that reflect the government’s interests and which describe the department’s capacity to deliver services.

A Lack of Responsibility for Outcomes – Commentators note that there are no formal mechanisms within New Zealand’s reformed public management system with which to hold anyone responsible for reporting on either operational or policy outcomes (Irwin, 1996:9; Schick, 1996:42; State Services Commission, 1998:17). For example, even before the enactment of the Public Finance Bill the Controller and Auditor-General emphasized that

“(o)utcomes, and the effect that outputs have on these, are the responsibility of ministers;” but noted that “a significant omission” is that there is “no provision made in the Bill for ministerial reporting on outcomes” (FEC, 1989:18).¹⁰ This gap has also been noted by other commentators (Scott, Bushnell and Sallee, 1990: 157-158; Pallot, 1991:216-220; Laking, 1993); and, in any event Erenstrom (1999:60) believes that approaches that emphasize outputs and accountability do not lend themselves to cost/benefit analysis. While such observations refer to ministerial responsibilities for outcome reporting, other writers observe similar concerns in relation to outcome reporting at the operational level. Duncan (1995:160), for example, writing about New Zealand’s Department of Child, Youth and Family Services in particular, but extending his comments to all public services in general, has this to say about departmental accountability for outcomes:

There is no standard by which achievement of the outcome may be measured. No research is being undertaken to ascertain the degree to which New Zealand’s performance in relation to those social outcomes may be improving or deteriorating. ... In short, it is impossible to give a reasoned account of whether or not public administration is achieving public policy.

And in 1997 he writes that the value of public services should be measured against two key criteria - first, “long-term, quality-of-life outcomes”; and second, “(t)he degree to which the service meets the reasonable expectations of a range of stakeholders for its adherence to professional and ethical standards of practice” (Duncan, 1997:70-71).

Lack of Emphasis on ‘Whole-of-Government’ Perspective – Critics observe that there is little coordination across public services within New Zealand’s public management system – a situation which could result in duplication of effort; and which makes no allowance for inter-departmental outputs. Erenstrom (1999:60) points out that the absence of a joint accountability approach within the Public Finance Act has two consequences. First, it encourages departments to focus ‘inwards’ and to place maximum effort on being accountable for the delivery of outputs per se, rather than paying attention to the recipient of services and the task

¹⁰ While Irwin (1996:10) agrees with the Controller and Auditor-General that there is no formal mechanism in place that requires ministers to report on outcomes, he does note other methods with which some degree of ministerial accountability is achieved. First, ministers can be questioned by the legislature about outcome achievement; and second, some statistical information is produced by government that is relevant to outcome achievement. Whether such methods are either used consistently to ensure accountability for outcomes, or used adequately to inform purchasing decisions about the suitability or otherwise of outputs that might impact positively on desired outcomes, appears questionable. For example, Schick (1996:7) notes that many parliamentary questions remain focused on inputs.

of meeting their needs. Second, it perpetuates centralized decision-making and a mind-set of 'one output fits all,' rather than facilitating a goal-orientated environment where localized decision-making has the potential to involve community and inter-sector cooperation and participation to ensure that services are appropriate and customized to more effectively address needs in the long-term.

Short-term Versus Long-term Focus - Wintringham (1999:4) and others (Scott, Bushnell and Sallee, 1990:164; Schick, 1996:7; State Services Commission, 1998) express concern that the dictates of the Public Finance Act 1989 reflect a short-term focus for public sector management. In particular, critics argue that New Zealand's public management system is designed to emphasize the short-term outputs and account for their production, rather than giving priority to long-term outcomes and evaluating any progress towards their achievement (Schick, 1996:53). Wintringham (1999:4) urges the government to adopt a strategic planning approach to the management of the public sector to ensure that public sector agencies contribute effectively to long-term goals; to adequately tackle "entrenched social problems"; and to provide Ministers with a blueprint against which to judge decisions concerning any future investments in the capability of government organizations.

Clearly the management of New Zealand's public sector is at a crossroad. There is a need to shift the focus of the public sector from short-term gains to long-term achievements; and from measures of organizational activity (outputs) to measures of the "socially worthwhile" (outcomes) (Duncan, 1995:260). As Schick (1996:87) so eloquently directs:

The next steps in New Zealand's state sector reform will have to address this larger agenda. They will have to move from management issues to policy objectives, to fostering outcomes, ... that have been enunciated by the Government and are embraced by New Zealanders.

1.4 The Criminal Justice System, Private Entities and the Administration of Court-Ordered Sanctions

The maintenance of legal order and the imposition of mechanisms of social control are central concerns of any government. The legislative arm of government creates the legal rules encompassed in criminal law and when violations of the law occur the judicial arm imposes sanctions in accordance with such law. Sanctions imposed are administered by the criminal justice system - the executive arm of the state. A crucial issue hotly debated in the literature

(particularly in relation to the privatization of prisons) is that concerning whether or not the state should delegate any aspects of its social control mechanisms to the private sector; and if so, where are the limits on such delegations? ¹¹

On one side of the debate, those favouring minimal state intervention would sanction wholesale privatization; while those maintaining the traditional position would entertain a level of privatization with the ultimate responsibility resting with the state or its representatives. For example, for some time now numerous functions of the criminal justice system have been contracted out to the private sector (Shichor, 1995:57). These functions have usually been at the ‘soft end’¹² of the criminal justice system and private agencies have been supported by “...the selection procedures, discretion, financing, and backup authority...” of the criminal justice system (Cohen, 1985:138). This position on the use and extent of privatization measures adopted by the public sector fits well within the parameters of those most commonly implemented by countries under the NPM. That is, there is a willingness to purchase services from the private sector, but the delivery of such services is monitored and controlled through contracts and performance measurement. Moreover, the public sector organization as purchaser of services maintains the ultimate responsibility for results accruing from the delivery of such privately provided services. It is the aspects of performance associated with one such purchaser/provider relationship that forms the focus of the present research project.

Response to Law Violators - Community-based Social Control Mechanisms - Under the doctrines of the NPM the focus would be on utilizing social control mechanisms that are both efficient and effective, that would contribute to the strategic direction of the government of the day, as well as having credibility with the general public. The administration of such cost-effective social control measures for law violators sanctioned by the Courts, is the key strategic focus for the New Zealand Department of Corrections - that focus being “... to contribute to safer communities through reducing re-offending” (Department of Corrections, 1997:7). In New Zealand there is a range of formal social control mechanisms imposed by the Courts and

¹¹ An examination of the arguments for and against a government’s rights to divest its powers is beyond the scope of this study. However, a comprehensive analysis of this debate and in relation to the privatization of prisons can be found in Ryan and Ward (1989:69-70); Weiss (1989:33-34); and Shichor (1995:45-77).

¹² In the context of the English criminal justice system Vass (1990:166) refers to these ‘soft end’ options in terms of community-based correctional programmes - that is “...strategies for the control of offenders in the community and outside the prison walls.”

administered by the Department of Corrections. These mechanisms range from the fully custodial sanction, imprisonment, to those administered in the community - home detention, residential and non-residential parole, periodic detention, community service, supervision and community programme. Apart from imprisonment all other sanctions are administered by the CPS.

In New Zealand, as in other jurisdictions worldwide, there has been, over the past twenty years a drive for governments to be 'tough on crime' - a drive that has been influenced by the belief that increased use of imprisonment will result in safer communities. Tonry et al. (1995:2) write that this belief has been fueled by "... conservative politicians ... " who "... have consistently disparaged their opponents as 'soft on crime' ... "; together with the "... assumption that citizens endorse a purely punitive or 'get tough' approach to corrections" (Cullen and Gendreau, 1989:24). While it is acknowledged that there will always be a place for imprisonment to protect the wider community from those who are dangerous and/or commit very serious offences, Walker (1991:45), Tonry et al. (1995:2) and others argue that this social control mechanism is far from effective for making safer communities. Moreover, numerous studies of public attitudes to crime have found that the public values enhancing safety over enhancing punishment and that they hold a majority view that rehabilitative strategies are effective and should be incorporated wholly or partially (for example, in combination with punitive strategies) in crime control strategies (Duffee, 1980:194; Cullen et al., 1983; Public Agenda Foundation, 1987:5; Cullen et al. 1988; Gottfredson et al, 1988; Sundt et al. 1998:427).

With these views in mind, sentences and orders (supervision, community programme and parole) administered in the community and with a solely rehabilitative focus would appear on the surface to have more potential to be effective in promoting safer communities. Such potential has not always been acknowledged however. From the late 1950's to the present Cressey (1958) and others (Wootton, 1959; Robison and Smith, 1971; Gold, 1974; Regnery, 1985) have echoed Martinson's (1974:25) well-publicized conclusion about correctional treatment that "(w)ith few and isolated exceptions the rehabilitative efforts that have been reported so far have had no appreciable effect on recidivism." Since Martinson's research findings were published however, there has been a barrage of meta-analytic studies that demonstrate that correctional treatment is effective (Halleck and Witte, 1977; Gendreau, 1981; Gendreau and Ross, 1979, 1981, 1987; Palmer, 1983; Garrett, 1985; Greenwood and Zimring,

1985; Mayer et al., 1986; Van Voorhis, 1987; Lipsey, 1989; Andrews et al. 1990; Izzo and Ross, 1990; Hill et al., 1991; Andrews et al. 1992; Antonowicz and Ross, 1994; Andrews, 1995; Losel, 1995, 1996, 1998; Cleland et al., 1996; Gendreau and Goggin, 1997; Lipsey and Wilson, 1997; Redondo, 1997; Andrews and Bonta, 1998; Andrews, 1999; Dowden and Andrews, 2000). Moreover, Andrews and Bonta (1994:193) note "... that the use of alternatives to custodial sanctions will enhance the effectiveness of appropriate treatment services." That is, the results of utilizing appropriate treatment services in the community are likely to be somewhat better than if such services were delivered in a custodial setting.

While this all looks promising as an effective social control measure, two cautionary notes need to be emphasized. First, there is the question of the integrity of the treatment service, which Andrews et al. (1994:193) describe as "... the specificity of the model that links intervention to outcome and the training and supervision of the direct service workers." Dowden and Andrews (1999a) and Losel (1996) contend that the degree of programme integrity and the effectiveness of correctional programmes are directly correlated. Yet there are examples in the literature where researchers have found major discrepancies between what correctional programmes purported to be doing and what was actually happening in practice (Emery and Marholin, 1977; Quay, 1977; Ross, 1977). Those responsible for the administration of social control measures of a rehabilitative nature clearly need to ask a number of questions - questions that would provide some insight about the level of integrity of programmes under consideration. Gendreau and Ross (1980:16-17) comment that some twenty years ago researchers were asking such questions and these are still relevant today (See also Austin, 1977; Quay, 1977; Wright and Dixon, 1977; and Ross and McKay, 1978):

To what extent do treatment personnel actually adhere to the principles and employ the techniques of the therapeutic modality they purport to provide? To what extent are the treatment staff competent in providing the therapy they claim to offer? What is the intensity of their effort? To what degree is treatment diluted or bastardized in the correctional environment so that it becomes treatment in name only?

The main point here is that unless the theory and design of treatment programmes for offenders are implemented with integrity and criminal justice administrators have some assurance of this, such programmes are unlikely to contribute to a reduction in rates of re-offending and in turn contribute to the New Zealand government's SRA, safer communities.

This last point leads to the second cautionary note. Any social control mechanism utilized needs to have credibility with the public. As indicated earlier public opinion surveys tend to suggest that the public favours social control mechanisms that enhance their safety. On the one hand they want to know that, if sentenced to a community-based sanction, offenders are not going to commit further offences. On the other hand they support strategies that provide opportunities for offenders to be rehabilitated. These preferences are what King (1991: 102-103) refers to as risk control and risk reduction approaches to the administration of community-based sentences. Thus to enhance the credibility of rehabilitative social control measures with the public, criminal justice administrators may need to consider strategies that incorporate aspects of surveillance and monitoring (risk control) for their deterrent effect, together with providing opportunities for offenders to rehabilitate (risk reduction).

Moreover, the public expects such policy initiatives to be cost effective. More specifically and in relation to effective correctional treatment, Losel (1996:33) maintains that as long as programme integrity is high, “(o)n average, offender treatment tends to reduce recidivism by approximately 10 points ...” and “... even such a small effect can produce significant cost savings.” On a more general level the use of community-based sanctions are considerably more economical than imprisonment (Harding, 1987; Walker, 1991:45). For example, in 1998 the average annual cost per inmate was \$48,898, while that for community-based sentences such as supervision and community programme was \$1600 (Department of Corrections, 1997: 15 and 30). Such economies appear significant and desirable, yet these need to be considered against such issues as the integrity of programme implementation as mentioned earlier, together with ensuring that such community-based sanctions are true alternatives to imprisonment rather than simply net-widening, and that savings on cost do not compromise quality (Hylton, 1982:364). In sum, rehabilitative social control mechanisms need to be sufficiently funded to ensure the maintenance of quality; and criminal justice administrators need to be accountable for ensuring that such mechanisms are implemented with integrity to maximize their potential contribution to the government’s strategic result area - safer communities -; to maintain credibility with the public; and, to ensure positive outcomes for offenders. In other words they need to be credible, but also economic.

Staubi (1998:46) and King (1991:106) contend that a powerful aspect of any social control mechanism could be “... to nurture and support a vibrant base of community agencies and groups, ...” Such support for the involvement of the non-statutory sector in the administration

of community-based social control mechanisms has a long history in New Zealand dating back to the First Offenders Act 1886. More recently this support has come from a number of sources - public policy, legislative and the government's strategic direction. For example, in 1981 the Penal Policy Review Committee (1981:105) wrote:

It is the explicit aim of the review that the incidence of imprisonment be reduced to the greatest degree consistent with public safety. We are to investigate the means of increasing the availability of sanctions that keep the offender in the community, and to ensure that penal programmes take account of the need to integrate offenders into society and make the *greatest use of existing organizations and activities*.

The enactment of the Criminal Justice Act 1985 reflected many of the penal policy directives espoused by the Penal Policy Review Committee. There was not only a change of philosophy towards restricting fully custodial sanctions to persons convicted of violent offences, but also a shift of emphasis for the rehabilitation of offenders from a statutory enterprise to one that involved both the statutory and non-statutory sectors. Non-statutory involvement became an integral part of the provision of programmes and services designed to rehabilitate and re-integrate offenders sentenced to the newly created sentences of supervision and community programme, as well as those released on parole (Department of Justice, 1993:7).

From the government's perspective its strategic direction - framed in its 1995 publication *Strategic Result Areas for the Public Sector 1994-1997* - and in particular Strategic Result Area 6, clearly encourages interagency cooperation between the statutory and non-statutory sectors in addressing the factors that cause offending in order to reduce the rate of re-offending.

Community Programme and Maatua Whangai Programme Funds - The focus of this research project centres on one such inter-agency relationship - one that exemplifies the public sector reform doctrine of disaggregation where the purchasing organization is separated from the provider organizations. In particular, the research focuses on the relationship of the contractual parties involved in the allocation and utilization of the New Zealand Department of Correction's Community Programme and Maatua Whangai Programme Funds. During the 1997-98 financial year \$2.4 million (including GST) was available to purchase correctional programmes and services from community and iwi organizations. This is the highest dollar value appropriation for payments made on behalf of the Crown. It is administered by New Zealand's CPS and is distinct from those appropriations for internal operations.

The Funds were initially set up during the 1986/87 New Policy round when Cabinet approved funding for community organizations to develop programmes for offenders. Initially the purpose of the funding was mainly of a developmental nature, that is, funds were granted to cover developmental costs for setting up residential and non-residential programmes as well as providing small grants to existing community programmes in rural and provincial areas. Until the disestablishment of the Department of Maori Affairs and the Department of Social Welfare Social Rehabilitation Subsidy Programme, the CPS administered the Funds in consultation with these two Departments. The Funds are now administered by the CPS alone; and the purpose of the Funds has shifted from a focus on programme development to one of purchasing existing rehabilitative programmes and services from community organizations, through contract and on a fee-for-service basis, in order to address the offence-related behaviours of those subject to sentences and orders (supervision, community programme and parole) administered by the CPS.

1.5 Defining the Nature of the Problem

Despite the promise and insight a range of theoretical discourses, in particular new institutional economics and private sector management, have brought to the public sector reforms, recent literature has noted some limitations concerning the way in which such theories explain and predict institutional behaviour within the public arena. In particular, concern centers on whether the reforms have in fact enhanced performance in the public sector - that is, have planned outcomes or results been achieved? For example, proponents of the reforms reasoned that the introduction of market mechanisms, such as contracts and competition, into the public sector would enhance accountability, efficiency and effectiveness - a claim based on the assumption that by separating purchasers of services from providers of services, the former will have no other interests but to make the best purchasing decisions (Walsh, 1995:xix; McGuire, 1997:103). Yet many commentators believe that there is little, if any, empirical evidence to support the proposition that management by contract and the use of the non-government sector enhance performance (Ghere, 1981; Murnane, 1983:403; Terrell et al., 1984:32; Dorwart et al., 1986:878; Downs et al., 1986:41; Howden-Chapman, 1993,274; Kettner et al., 1996a:108; Johnston, 1999). Of the question of accountability, the literature abounds with notes of caution. In the Australian context, Zifcak (1994:131) records the Management Improvement Advisory Committee's (1990) finding that "...it was difficult to develop case studies which showed clear links between outcome-orientated performance information and decision-making

within organizations.” In the North American context Wholey and Hatry (1992:605) write “(f)ew government agencies now provide regular reports on service quality and program outcomes.” Similarly in the New Zealand context where the reforms lay the responsibility for outcomes with the Executive, Irwin (1996:27) observes that “...it (Executive) does not report on its success in achieving outcomes...” and “...(i)f ministers are intended to be responsible for outcomes, there seems to be a gap in the performance management system.” Other writers (Poertner et al 1985:57; Brudney et al, 1988: 164; Mauhood, 1997:141) observe that accountability in public service organizations seems to focus mainly upon efficiency achievements. Traditional public sector goals such as social equity “...are rarely considered in productivity assessment” (Brudney et al, 1988:166); and “...the problem of effectiveness...” was presented “...as if it was exogenous to the public service” (Blakeley et al., 1996:17).

At the very least these few observations noted above present a number of truisms. All theories have limitations, especially if applied to contexts other than that in which they were conceived. This is especially significant here where the economic and managerial theories underpinning the public sector reforms were initially applied to institutional arrangements in the private sector. Second, changes introduced to solve one set of problems will more often than not result in a whole set of new ones; and conceivably the magnitude and complexity of such issues may be somewhat greater when changes are introduced on theoretical, rather than empirical grounds. Again there is some support for this proposition in the context of the present investigation. For example, writing about the reforms within the American government, Johnston et al (1999:389) observe that there is “(a) gap between rhetoric and reality.” While with reference to purchase-of-service contracting as a policy instrument of government, Kettner et al (1996a:108) observe that to date the literature on this subject tends to be ideological and that “(t)he ideological and impressionist literature on purchase-of-service contracting needs to be replaced with broad based empirical inquiries.”

1.6 Purpose and Research Questions

Purpose - The underlying purpose of this research study, therefore, is to explore the contention that there is a gap between the theoretical and ideological arguments - arguments that support the use of contracting technologies in the provision of human services in the public sector - and the empirical evidence. In particular, it examines the extent to which management by contract considers and promotes performance in the delivery of public sector human services. In

Schick's (1996:87) words, does this policy instrument "...foster outcomes..., that have been enunciated by the Government and are embraced by New Zealanders?"

Research Questions - The research study's questions which cascade from its purpose are:

1. To what extent are the benefits of management by contract observed in the private sector experienced when the same technology is transferred and operationalized in the context of delivering community-based correctional services in the public sector?
2. Do the theoretical discourses propounded by the new institutional economics, when operationalized within the context of the provision of community-based correctional services in the public sector achieve the results anticipated by the reformers?

The design and methodology utilized in this research study to explore these questions are described in the next chapter.

Chapter 2: Methodological Strategy

The study adopted a multiple methods approach in order to provide both a comprehensive view of the link between the procurement system under review and aspects of performance; and, in order to answer and address the nuances associated with the research questions (Patton, 1986; Data, 2001). The principal research methods used included the application of the programme logic framework; the operationalization of a survey; the administration of a psychometric instrument – the Community Program Assessment Inventory, 6th Edition (CPAI) (Gendreau and Andrews, 1996) – and an assessment of the secondary data that is, organizational records.

Three reasons underpinned the decision to adopt the programme logic framework as a guide to the development of the survey questionnaires and the subsequent analysis, collation and presentation of the data collected. First, Funnell (1997) reports that the programme logic approach is well suited to evaluations undertaken in the public sector context because it facilitates explicit accounts of the effectiveness of programmes in receipt of government funding. Second, it ensures that the study is comprehensive and considers all the interrelated aspects of the focus of the research, that is, procurement and performance. Third, it provides a mechanism with which a researcher can compare and contrast the views of the various informant groups as well as those reflected in the empirical and theoretical literature.

While the employment of the programme logic framework gave focus and direction to the research, the survey design operationalized the variables of interest. The consistent and systematic administration of the survey questionnaires enhanced the reliability of the information gathered, that is, the informants' experiences and beliefs about the contracting system under examination; and such data about the operationalization of the Fund were augmented by that derived from the administration of the CPAI and the analysis of the organizational records. The administration of the CPAI centred the research inquiry on the correctional environment and, in particular, facilitated an examination of aspects of performance (the quality and potential effectiveness of the contracted services); while the examination of the organizational records facilitated an analysis of the concepts of economy, efficiency and effectiveness in relation to the implementation of the Community Programme and Maatua Whangai Programme funds. The text that follows explains the methods selected in more detail.

2.1 The Conceptual Framework

The conceptual scheme adopted, to review the performance initiatives guiding the contractual relationship between the CPS and non-government service providers was programme logic. Programme logic models (also referred to as programme theory models) are schematic frameworks used by evaluators to depict programme objectives and the underlying causal links between inputs, activities, outputs and outcomes (Owen, 1993:16; Lindgren, 2000:7).

Various expressions of programme logic models exist in the literature (Rogers et al., 2000). Suchman (1967:68-71), for example, developed a linear outcomes hierarchy involving three tiers that linked immediate, intermediate and long-range outcomes. Other writers, such as Wholey (1994) have developed programme logic models which depict a linear hierarchy that includes inputs, processes, outputs and outcomes. Framst (1995:124) described a more comprehensive programme logic model developed by Rush and Osborne (1991) in which they used output measures to separate implementation and outcome objectives. Here the model seeks to identify the activities and resources needed to meet the implementation objectives of the programme; once these were met, programme outputs (for example, the programme delivered and a description of the clients served) were identified - outputs which then impacted on short and long-term outcomes.

While these examples of programme logic models are adequate for some evaluative purposes, such linear models are too simplistic to adequately describe and understand the complexity of cause-and-effect relationships inherent in many social service programmes. This is particularly true for publicly funded programmes, such as the one under investigation, where programmes include a number of objectives and outcomes, and where an underlying assumption associated with such programme logic models is that they will contribute in some way to societal improvements (Patton, 1986:155; Framst, 1995). From this perspective the government agency provides the resources and directs the activities of the programme to bring about certain changes that in turn should contribute to "... social, economic or environmental improvements for society" (Framst, 1995:125). In this context therefore, a programme logic model would ideally take account of the views of multiple stakeholders, including the government, the state sector department as purchaser and the non-government agent as provider. In this way societal, managerial and professional interests would be included. Hence what is needed for the purposes of this research project is a conceptual scheme that is somewhat more inclusive and comprehensive than a simple linear programme logic model. Rather, the model would

ideally have the capacity to take account of the complexities inherent in delivering services under contract management and on behalf of government.

Hence the programme logic model adopted for the purposes of this research project is a two-dimensional matrix developed by Funnell (1997) as a tool for evaluating government programmes in Australia. The vertical axis of the matrix comprises the outcomes hierarchy - a hierarchy that makes explicit the linkages between outputs, the immediate impact, the intermediate outcome and the ultimate outcome. This hierarchy is the driver for all decisions made about other elements in the matrix and incorporates the dependent variables - the results of the influence of the independent variables (Creswell, 1994:63). Such dependent variables might cascade from the ultimate outcomes of interest to government, such as 'community safety'; to the intermediate outcome of interest to the CPS, the reduction of re-offending; to the immediate impact of interest to both the CPS as purchaser of services and the non-government agent as the deliverer of services (for example, the behaviour of programme recipients at programme completion); and, to the output, for example, rates of programme completion. Essentially the outcome hierarchy is results orientated. It is the degree to which contracted services are successful in contributing to the amelioration of the ultimate problem.

Along the horizontal axis of the matrix are six other elements, decisions about which are influenced and guided by the extent to which they contribute to the different levels on the outcomes hierarchy. The first of these elements includes a list of criteria that are necessary for the programme's success in achieving the results comprising the outcomes hierarchy. Examples of success criteria might include considerations of efficiency and effectiveness; a precise understanding of the nature of the need to be addressed by the programme; and, the stakeholder's views about the relative importance of access to programmes by certain sub-groups in the offender population. The second and third elements (factors within and outside the control of the programme) concern aspects of managing risk. Here the focus is on those factors within the control of the programme and those factors outside the control of the programme, which might impact on the achievement of results. For example, this analysis might include internal factors, such as the capacity of staff to deliver effective correctional services, the management structure of the provider organization and, the models underpinning provider programmes and their service delivery methods. External factors considered might include changes in government policies and priorities. The fourth element is 'activities and resources'. This includes an examination of the design and delivery of the programme,

together with the management and support mechanisms in place. The fifth element includes an analysis of the performance information (quantitative or qualitative) with which to measure those aspects of the programme that are critical to its success; while the sixth element examines the means with which to transform performance data into meaningful performance information - for example, through the use of performance targets or quality standards (Funnell, 1997:15). Table 1 illustrates the programme logic matrix described in the foregoing discussion.

Table 1: Programme Logic Matrix*

Outcomes Hierarchy	Success Criteria	Factors Within the Control of the Programme	Factors Outside the Control of the Programme	Programme Activities and Resources	Performance Information	Comparative Information for Judging and Interpreting Performance
Ultimate Outcome						
Intermediate Outcome						
Immediate Impact						
Outputs						

**This programme logic matrix has been adapted from that used by Funnell, 1997:7.*

Arguably, the use of this programme logic matrix, as a tool to conceptualize the programme under examination, is well suited to the purpose of this research project. First, and with respect to the research design, the programme logic framework helped clarify and define the key variables under investigation and thereby guided the development of the data collection instruments and the subsequent collation and coding of the information gleaned from key informants.

Second, the programme logic framework contributes to operationalizing the purpose of the thesis - to establish whether the theoretical and ideological claims about contracting technologies do indeed contribute effectively and efficiently to the outcomes desired by government. The framework does this by enabling not only a comparison between the ‘theories of action’ about contracting of the various informant groups, but also by facilitating analysis that compares and contrasts these key informant groups with those proposed in the theoretical and ideological literature on contracting. Argyris (1982) and Argyris and Schon (1978), for example, demonstrated that people in organizations espouse and act on their

‘theories of action’¹³ because they believe that such theories, when enacted, will be effective in achieving the intended outcomes; and according to Lindgren (2000:7) and Funnell (1997) such theories can be tested and can be used as the basis upon which an evaluation can illustrate the “secret of success” or the “cause(s) of trouble” in the phenomenon under examination. Succinctly, the evaluation can identify the logic of ‘success’ and ‘trouble’ in the context under examination because the selected programme logic model is designed to make explicit the interconnected nature of the outcomes and the contributing elements at each level of the hierarchy; and because of this emphasis on causal linkages the analyst can examine the logic, or otherwise, of the activities, resources and performance measures described by key informants (Funnell, 1997:8).

Third, the programme logic framework has the capacity to facilitate a comprehensive examination of any problem identified as being of interest to the public. It is comprehensive because the evaluation can draw upon any one or more of a range of possible sources with which to make explicit a programme’s ‘theory of action.’ Such sources include scholarly theories; stakeholder groups, for example, programme designers and programme implementers; programme documentation; or the evaluator’s own perceptions about the character of the programme developed via observations in the field (Chen, 1990:82; Patton, 1997; Lindgren, 2000:7; Rogers et al., 2000; Cummings et al., 2001:33). In relation to the outcome focus of this research study, such a comprehensive approach to sourcing information about contracting, opens the evaluator’s eyes to a range of effective strategies, including those originating from theoretical, empirical and pragmatic findings. This all-inclusive examination of a multitude of possible sources of opinion on effective strategies is not only pertinent from the point of view of the public sector reformers’ key agenda - to develop approaches and procedures for the management of public activities in order to achieve results - but it is particularly pertinent within the New Zealand context where a 2001 “Statement of Government Intent” directs those responsible for public sector activities to create the means for “community, voluntary and Iwi/Maori organizations” to actively participate and collaborate in the delivery of inter-sectoral policies and programmes - a collaborative and coherent approach to the implementation of government policies (Tanner, 2001:7).

¹³ ‘Theory of action’ is a phrase coined by Patton (1986:153). He describes it as “(t)he construction of a means-end hierarchy for a program...”

Fourth, using programme logic as a conceptual scheme to guide the collection of information from multiple sources is compatible with the inductive nature of this research investigation. It is an inductive process in that the research questions derived from the framework assist each informant group to systematically make explicit their experiences and perceptions¹⁴ about contracting technologies and the cause-and-effect relationship between their respective organizations' activities and outcomes. Moreover, Levinton (1994) and Scriven (1994) maintain that informant groups are able to explain their 'theories of action' even in the absence of social science theory with which to draw on; and, the importance of this is that it opens up the possibility of discovering new knowledge about 'what works,' and/or alternative practices that contribute positively to outcomes. Simultaneously, and of equal importance, is the fact that the programme theory approach brings to the evaluator's attention any divergence of views concerning a programme's 'theory of action' - divergences which might well result in the displacement of programme goals and ultimately effect public sector outcomes (Lindgren, 2000:5).

Last, adopting the programme logic approach for the purposes of this study was regarded as advantageous in that it limited the collection of information to questions involving "the effectiveness of the programmes in some dimension" (House, 1980:29, 232). While House (1980) warns that "(t)he danger..." of such approaches to evaluation is that they become "...a pawn of the decision-maker" and therefore are biased towards management, other writers maintain that in the context of government programmes such bias is justifiable. For example, Butt et al., (1985:3) recognize that most, if not all, public sector activities are confronted with fiscal constraints, and therefore they support the use of evaluative approaches that ensure the services delivered are value-for-money. In the same vein, Suchman (1967:2) comments that social service agencies need "...to provide 'proof' of a programme's legitimacy and effectiveness in order to justify continued support." Moreover, Funnell (1997:5-6) writing about contracting out public services, draws our attention to the fact that;

¹⁴ The key informant orientation to programme theory derives from the insights of two sources of knowledge. The sociology of knowledge, in particular the theory of the social construction of reality, contends that what people believe is true influences the way they think and behave (Schutz, 1967): And perspectives from organizational theory argue that organizations take particular courses of action because they are driven by a mission to achieve particular outcomes and furthermore they hold beliefs that particular cause-and-effect relationships will contribute to those outcomes (Thompson, 1967:2).

“(i)t is sometimes forgotten that even when a programme is contracted out, the Government as purchaser remains ultimately accountable for both results and operation of the programme or service.” Therefore, “... it is absolutely critical that the purchaser has a very good understanding about what the programme is trying to achieve and what is required to make it work well. Programme logic is a tool to assist with the development of this understanding.”

While recognizing that ‘reformed’ governments support the notion that they remain ultimately accountable for the programmes that are publicly funded, and that the use of the programme logic framework inherently carries a bias in favour of this notion, two strategies were adopted in order to counter possible negative impacts derived from such a bias. First, some of the members comprising the informant groups extended beyond those responsible for the decisions concerning how to manage the purchase-of-service arrangements. In addition, the identity of individual informants was protected by presenting information in aggregate form, thus protecting individuals against any form of retaliation (House, 1980:231).

2.2 The Research Design

A multi-method approach was adopted to collect the empirical data that forms the basis of this research study. Although the survey design predominates, this is juxtaposed with a pluralistic evaluation orientation, together with the use of qualitative data collection and data analysis techniques.

This research study adopted the survey design because it “... is a strong design if you want to determine how ... workers, or administrators have experienced the programme, what they think about different parts of the programme, and what they think are the effects of the programme.” Black et al. (1976:85) define survey designs as “... specifications of procedures for gathering information about a large number of people by collecting information from a few of them.” Herein lie both this design’s purpose and its strengths. The purpose is to systematically and consistently gather and record information from a sample of informants; and, then use such information to generalize the findings from the sample to a larger population (Fowler, 1988; Babbie, 1990). Hall et al. (1996:97) argue that a particular strength of this approach is that questions are presented to informants in a consistent manner, which “... exemplifies the scientific approach to data collection ...”, and “... addresses the issue of *reliability* of information ...” Furthermore, the design aims to illicit the attitudes and beliefs of considerable numbers of informants - an aim that is difficult to achieve using other means; it enables the collection of retrospective information in a comprehensive manner; and such

information can be gathered at comparatively low costs compared to other data collection strategies (Chadwick et al., 1984:101-102; Jackson, 1988:22).

This survey design has been complemented with an orientation which Smith and Cantley (1985) call pluralistic evaluation. According to Cheetham et al. (1992:34) this orientation involves;

... identifying the major parties involved in the initiative or process under scrutiny and comparing them with each other in terms of ideological and operational perspectives. Differing notions of success are identified and defined, and the strategies which the different parties adopt in striving for such success are recorded. Finally, an assessment is made of the extent to which success has been attained on each of the different criteria employed by the various parties.

This orientation, which accepts that diversity is the norm for any aspects of social organization, and that furthermore, there may be a multitude of means to a particular end, fits well with that of the present research study. That is, the present study seeks to elicit the different perspectives and beliefs ('theories of action') of the contractual parties under investigation. While judgment about which perspective to prioritize is somewhat of a dilemma (Cheetham et al., 1992:35) - a dilemma which to some extent depends on whether the research is applied (undertaken for a particular party) or pure (holistic and detached) - according to Patton (1987:60-61) the use of multiple data sources increases "... the strength and rigor of an evaluation ..." and thereby enhances the "... validity and credibility of findings ..." Hence, data triangulation, which involves the use of a variety of sources in a study, for example, interviewing people in different status positions or with different points of view (Denzin, 1978) ¹⁵ is not only an important way of fostering the credibility of research findings, but according to Hall et al. (1996:21), the fact that it supports the notion that evaluators need to be open to more than one way of looking at a programme is not the dilemma that other authors would present it to be. These authors comment that it is not the researchers "... job to decide whom to believe, but rather to understand *why* the accounts differ - that is, to place them in the context of the social position of the informant and make sense of them that way (Hall et al., 1996:210)."

The qualities of openness to, and acceptance of, variation in the way informant groups perceive the means with which programme success is achieved and that are so much a part of the pluralistic evaluation orientation, are complemented by the use of qualitative data collection and

¹⁵ Denzin (1978) identifies four basic types of triangulation of which data triangulation is but one. The other three types of triangulation include, investigator, theory and, methodological triangulation.

data analysis techniques in this research study. The potency of such techniques lies in the fact that they are naturalistic, inductive, holistic and dynamic (Chadwick et al., 1984:303; Patton, 1986; Patton, 1987:13-18 and 62-63).

- They are naturalistic, in that they explore the diversity of programmes across sites of a nationally designed and implemented programme, such as the Community Programme and Maatua Whangai Programme Funds, and the diversity of perceptions amongst informant groups about the processes and outcomes of such a programme, without manipulating any variables for the purposes of the research (Locke et al., 1987; Merriam, 1988; Fraenkel and Wallen, 1990).
- They are inductive in that they explore and describe important variables from the perspective of informant groups and then use such variables to build general patterns - that is, they are useful for theory construction (Glaser and Strauss, 1967).
- They are holistic in that they explore and describe programme processes, as well as outcomes - that is, the effects of the programme on the recipients can be described along with an understanding about why (for example, the presence or absence of aspects of quality and quantity) the programme succeeded or failed (Fraenkel and Warren, 1990). Moreover, this holistic approach takes into account settings, interdependencies and context (Patton, 1986:201) - settings, such as the criminal justice system; context, such as purchase-of-service contracting ; and, interdependencies, such as those that might exist between the parties to a contract.
- They are dynamic in that such techniques can elucidate ideas for "... programme improvement ..." and for "... facilitating more effective programme implementation ..." (Patton, 1987:18).

In sum, the study utilized a mixed methods approach in order to achieve a more comprehensive view of the purchase-of-service contracting (POSC) context under examination (Datta, 2001). Each method added value to the overall research design. The survey and pluralistic evaluation methods, for example, complemented the blueprint provided by the programme logic framework, by providing the opportunity to illicit the experiences, views and beliefs of a variety of stakeholders about their 'theories of action' - stakeholders who might be expected to not only hold diverse roles within a POSC system, but who carried out their functions from organizational contexts that were probably underpinned by differing philosophical positions, values and cultural circumstances. Such multiple sources of information can arguably add validity to the study's findings; and the consistent nature of the

variables about which the various informants were questioned adds to the reliability of the data collected.

In addition to these benefits, the scientific selection of the sample facilitates the possibility for the findings to be generalized to the wider population of providers. Such sampling lowers the costs of the overall research venture - an important consideration in this study where funds were limited.

The choice of qualitative data collection methods complemented well the strengths inherent in the survey and pluralistic evaluation methods. For example, qualitative approaches value diverse perceptions and diverse contexts of inquiry - diversity concerning the organizational structures and activities of the public and private sectors, and within the private sector (for example, agencies working from a cultural paradigm; small businesses; voluntary agencies). It also facilitates an examination of process as well as results, thus enabling the evaluator to distinguish between 'programme failure' (the programme was not carried out well and therefore did not lead to the desired effects) and 'theory failure' (the idea underlying the programme was wrong, and therefore expected results did not materialize) (Suchman, 1967; Birckmayer et al., 2000:428); and moreover, it has the potential to gather new knowledge for the further development of the phenomena under study.

2.3 Data Collection Techniques

The interview was the primary data collection technique utilized to collect the empirical data that informed this research study.¹⁶ The task therefore was to find a type of interviewing form that facilitated a purposeful interaction between the researcher and the informants in order to gather information and/or expressions of opinion and belief. Fontana and Frey (1999:361) suggest that there are a number of different forms of interviewing available. These include the individual or group face-to-face interviews, mail or self-administered questionnaires and telephone interviewing. On balance and following a review of the literature regarding the different forms of interviewing, telephone interviewing was chosen. The variables considered prior to reaching this decision were:

- *Cost* - A restricted budget with which to carry out this research imposed some limitations on the eventual choice of interviewing form (Denscombe, 1998). Telephone interviewing

¹⁶ Kvale (1996) and Weins (1983, 1990) provide some commentary on definitions of, and elements comprising, the interview.

represented a position of compromise between the administration of mail questionnaires which Piper (1988:186) found was the cheapest option and provided the possibility of surveying the largest sample; and face-to-face interviews which Martin (1983:452) estimates could cost some 75 to 80% more than telephone surveys. Cost considerations, it is acknowledged, may well involve a compromise on sample size - a situation which might potentially limit the results being generalized.

- *Rates of Response* - Previous findings in the literature suggest that telephone interviewing elicits as good as, or better, rates of response compared with other interviewing forms (Dillman, 1978:28; Groves and Kahn 1979:118; Frey, 1983; Martin, 1983:452; Talley et al., 1983; Nieberg, 1984; Gardner et al., 1985:12). As noted later in this chapter the rates of response of those approached in both the purchaser and provider samples were pleasing.
- *Opportunity for Bias* - Both face-to-face and telephone interviewing require a degree of rapport between the interviewer and the informants and such rapport can open the possibility for bias in refusal rates and the information provided. For example, Hall et al., (1996:101) warn that;

... perceived characteristics of the interviewer - sex, ethnic group, age, social class - may bias the information given, as informants provide information they think the interviewer wants to hear (sometimes referred to as the 'acquiescence effect'), or gloss over less reputable aspects of their own behaviour, or refuse to answer.

And while Dillman et al. (1976) found that the interviewer's sex was unrelated to rates of response; Singer et al. (1982) found that interviewers in the 18-21 age range were less successful in obtaining completed interviews than those who were older; and, Oksenberg et al. (1986) showed that voice pitch, loudness and rate effected informants' beliefs about interviewer attractiveness - those perceived as more attractive had lower refusal rates.

Comparing the three interviewing types, Piper (1988:187) concluded that while face-to-face interviews are more susceptible to visual cuing biases, such as appearance and non-verbal responses, both face-to-face and telephone interviewing are open to social desirability biases. Of mail questionnaires, Piper (1988:187) warned that these are open to response contamination in that the researcher is unsure about who responded to the questions or whether the responses were a group or individual perspective. In sum, while telephone interviewing can in some circumstances be susceptible to the acquiescence effect and respondents may be less than open when questioned on sensitive issues (Hochstim, 1967; Colombostos, 1969; Wiseman, 1972). Tucker (1983) and Groves et al. (1986) maintain that such biases can to some extent be mitigated, by ensuring that the interviewer has adequate skills for the task, together with the use

of interview procedures that have a reasonable high degree of structure. Moreover, Martin (1983:453) argued that the anonymity of telephone interviewing also seems to be a factor that mitigates the acquiescence effect.

- *Quality of the Information* - While Groves (1977) and Fleishman et al. (1979) reported that their interviewers believed that face-to-face interviews had a higher potential for facilitating communication than telephone interviewing, and that as a consequence, the quality of the data gathered was better; Jordan et al. (1980:217) found that there was little difference in the quality of the responses to open-ended questions utilized in either face-to-face or telephone interviewing. Moreover, of the issue of validity, many commentators (Cannel and Fowler, 1965; Hochstim, 1967; Locander et al., 1976; Siemaitycki, 1979:244; Martin, 1983; Thomas et al., 1995; Denscombe, 1998) contend that telephone responses are just as valid as responses recorded via other interview forms. Similar positive findings have also been reported in relation to the reliability of data obtained from telephone interviewing compared to other data collection techniques (Klecka et al., 1978:113; Aneshensel et al., 1982:119).
- *Administrative Issues* – Gardner et al., (1985:12) concluded that completion rates for telephone questionnaires are high. This success he attributed to the recording of responses by interviewers which "... promotes the completion of the telephone questionnaire," "... control(s) ... the order in which the questions are read ..." and "... allows for clarification of the questions." Against this advantage, Piper (1988:186) argues that a weakness associated with this data collection form is length. He writes: "phone surveys exceeding 20 minutes may reduce interest in participating." He further suggests that the use of open-ended questions in a telephone interview may well be problematic because the responses are difficult to record.¹⁷ Against these possible limitations associated with telephone interviewing, Nieberg (1984) suggests that the social exchange theory of psychic reward may well counter the limitations of length and involvement identified by Piper (1988). For example, if the telephone interview could be set up in a way that informants can see that they are making a contribution that is of value to them, then telephone interviewing may well be a successful medium for gathering comprehensive and detailed information. Further support for this desired result might also be drawn from Frey's (1983) contention

¹⁷ This concern was overcome by audiotaping all telephone interviews.

that telephone use norms support the apparent potential of telephone interviewing as a means of successfully gathering empirical information - that is, the telephone is a valued means of social interaction; there is an expectation that the parties will actively participate in conversation; and by custom the initiator of the call decides when it is to end. These conjectures, suggested by Nieberg (1984) and Frey (1983), may well have been factors operating during this study's collection of data. Information gleaned from the telephone interviews was comprehensive and the informants' interest and engagement in the content and the process of the interview remained high throughout the exchanges.

One problem with telephone interviewing worldwide is the lack of telephone facilities in some areas which tends to exclude some respondents from the sample. However, the widespread availability of telephone facilities in New Zealand meant that all eligible respondents were included in the sampling frame from which the initial sample size of 73 respondents was selected.

All things considered then, and despite the limitations, telephone interviewing was selected as the preferred medium for gathering most of the empirical data about purchase-of-service contracting and correctional programmes that informs this research study. Although cost considerations were a major determinant in the selection of interviewing form, in many ways other data collection techniques seemed no superior to telephone interviewing.

Note in addition to the data gathered via telephone interviewing, information was also obtained from the results of the face-to-face administration of a psychometric instrument designed to measure aspects of quality in the delivery of correctional treatment programmes. Additionally, supplementary data was also accessed from organizational records kept by the CPS, for example, pre-contract service proposal documents and contract monitoring reports.

2.4 The Data Collection Instruments

Baker (1988:106) states that the "... interview schedule is the operationalized survey." It is via the questions that comprise the interview schedule that the concepts pertinent to any research study are measured. In the present study the concept of performance is paramount. Drucker (1967) describes two important dimensions of performance. These dimensions are effectiveness - the ability to select appropriate goals and achieve them - and efficiency - the ability to make the best use of available resources in the process of achieving goals. Bartol et

al. (1995:25) argues that good performance depends on demonstrating "... both effectiveness (doing the right things) and efficiency (doing things right)."

Here the focus is primarily on the effectiveness dimension of the concept of performance, together with an examination of the ways in which the elements comprising purchase-of-service contracting (for example, assessment of need; request for proposals; decision to contract; contract negotiation, specifications and monitoring etc.) and programme management (for example, the client referral process) support or otherwise the achievement of good performance. The performance of the programme is measured using a framework of multiple indicators¹⁸ - a framework that has been adapted from that developed by representatives from the Australian governments who have since 1993 been responsible for establishing and facilitating a project to improve the information available on the performance of various public services. The framework was sourced from the Review's third annual *Report on Government Services* published in February 1998. The framework adopts the same dimensions of performance introduced by Drucker (1967), that is, effectiveness and efficiency. However, each of these main dimensions is further categorized into a number of performance indicator areas. So for effectiveness, performance is measured against indicators of outcome, access, appropriateness and quality; while the efficiency indicator is 'inputs per output unit.'¹⁹

In order to measure programme performance, and to assess the contribution or otherwise of both the institutional arrangements and the management of the programme's overall implementation processes, two types of data collection instruments were utilized - the standardized interview schedule and a psychometric instrument designed to assess services and programmes in terms of variables identified in the literature that are associated with effective correctional programming. These instruments are described in the following sections.

The Standardized Interview Schedules - Patton (1987:112) describes the interview schedule as "... a set of questions carefully worded and arranged for the purpose of taking each respondent through the same sequence and asking each respondent the same questions with essentially the same words." While some of the spontaneity and flexibility associated with the use of the interview guide is lost when using an interview schedule, this controlled, systematic method of

¹⁸ Baker (1988:106) contends that "... measuring multiple indicators of a concept can strengthen (a) study."

¹⁹ Comprehensive definitions of these terms can be found in Chapter 4.

gathering data not only minimizes the biases associated with interviewer effects, but also increases the reliability of the process with which the data was collected from informants (Patton, 1987:113; Smith, 1990:57; Hall et al., 1996:99).

Three standardized interview schedules²⁰ were developed for each of the three informant groups - Community Probation Service Area Managers; Community Probation Service staff responsible for operationalizing the contractual relationship between Community Probation as the purchaser of services and service providers (hereafter called 'Contract Managers'); and the non-government service providers. These schedules comprised mostly open-ended questions. This form of questioning was adopted in order to gain an understanding of the full range of perspectives and experiences held by the informants about the variables and processes central to the study, without presupposing responses using pre-set categories (Chadwick et al., 1984:142; Patton, 1987:11; Jackson, 1988:86). Deciding the length of each interview schedule was problematic. Piper (1988:186) had earlier warned that telephone interviews should be no longer than 20 minutes - any longer and informants would become weary and tend to give careless responses. With the knowledge that responses to open-ended questions tend to lengthen, rather than curtail interview length, and guided by Jackson's (1988:83) suggested 20 question length for telephone surveys, together with Champion's (1993:137) "rule of thumb" of including only those questions necessary to examine "... variables that enable you to carry out your research objectives fully ...", the final lengths of the three interview schedules were respectively, 21 questions for the Area Managers; 25 questions for the contract managers; and 35 questions for the non-government service providers. In an attempt to counter the test-weary effects that may be encountered by those responding to the non-government service providers' questionnaire, some pre-coded questions (for example, question 3) were interspersed throughout the questionnaire as well as the use of Likert-type questions (for example, questions 30 and 33) towards the end of the interview. In addition, questions about the key variable, performance, were placed in positions between a third and half way through the interview, in order to ensure that informants were "... fresh, with maximum attention ..." (Jackson, 1988:85) when responding to such questions.

Each interview schedule began by introducing the informants to some of peculiarities associated with telephone interviewing as opposed to face-to-face interactions. In addition,

²⁰ Copies of the interview schedules are found in Appendix 1.

informant consent for audiotaping the interview was confirmed. Questioning began in each case with inquiries that were non-threatening, easy to answer and concerned behaviours and experiences that were easily recalled (Chadwick et al., 1984:117; Jackson, 1988:84; Patton, 1987:120). For example, informants were asked to describe their occupations and the level of their involvement in the purchaser/provider relationship. In general, questions on similar topics were grouped together (for example, those relating to the 'outcomes hierarchy'; performance; and the purchaser/provider relationship), and statements were used to lead the informants from one topic to another (Converse et al., 1994:142).

Where possible each informant group was asked to respond to questions that addressed the variety of variables under investigation - the aim being to compare and contrast the experiences and opinions of the contractual parties. Consistency with this approach however was thwarted in some situations. This was especially the case for the two informant groups representing the purchaser's perspective. The majority of Area Managers interviewed took a more 'arms-length' approach to the implementation of government and departmental policy - a managerial approach; while the 'Contract Managers' adopted a more 'hands-on' approach to operationalizing policies. So for example, Area Managers were in the best position to comment on factors that influenced their Areas' decisions to opt for out-sourcing as opposed to internal delivery (Area Managers' interview schedule - question 2); whereas, the 'contract managers' were in a better position to comment on matters relating to offender participation in programmes delivered by the non-government sector (Contract Managers' interview schedule - questions 20, 23 and 24). Hence at times throughout the results section the purchaser's views might be expressed by *both* the Area Managers and the 'Contract Managers', while at other times views are expressed by one or other of these informant groups.

Comparisons of informant group responses were all related to the programme logic matrix described at the beginning of this chapter. For example, in relation to the outcomes hierarchy purchaser and provider views about the immediate impact of programme attendance were compared using respectively responses from question 20 of the 'Contract Managers' interview schedule and question 13 of the non-government providers' interview schedule. Another example is the comparison between the purchasers' views about aspects of performance - effectiveness and efficiency - as reflected in responses from question 8 of the Area Managers' interview schedule and question 7 in the 'Contract Managers' interview schedule; and the providers' views as expressed in responses to questions 18,19 and 20. Throughout the

interviews, where more information was sought, probe questions were used. Examples included - 'Are there any other factors that you can think of?' and, 'Is there anything else you can tell me about that?' (Chadwick et al., 1984:18; Patton, 1987:125). All interview schedules finished by inviting informants to add any additional information that they thought had been overlooked (Smith, 1990:93).

The Correctional Program Assessment Inventory - The possible utility of The Correctional Program Assessment Inventory (CPAI) (currently in its sixth edition, Gendreau & Andrews 1996),²¹ as a tool to facilitate effective purchasing decisions and as a means of measuring the quality of correctional treatment programmes in New Zealand, was explored during the course of this study. The authors first published this inventory on 19 December 1990. At that time it was known as the Correctional Program Evaluation Inventory (CPEI) and was designed to assess services in terms of variables identified in the literature that are associated with effective correctional programming (Gendreau and Andrews, 1979; Gendreau and Ross, 1979; Andrews et al, 1990). The CPAI is composed of 75 items distributed across seven areas. Note that 9 of these items are not scored - those items comprising the programme demographic section of the instrument. The areas comprising the CPAI include:

- Programme Demographics (9 items) - This area identifies the programme or service under review, the informant, the history and setting of the programme, the funding source and budget, programme philosophy and client numbers.
- Programme Implementation (11 items) - This area summarizes the conditions under which the programme began.
- Client Pre-service Assessment (12 items) - This area explores the programme's application of the principles of risk, criminogenic need and responsivity.
- Programme Characteristics (22 items) - This area surveys the behaviours and attitudes targeted by the programme, the type and manner in which the intervention is delivered, the degree of therapeutic integrity and the degree to which the responsivity principle is used.
- Staff Characteristics / Practices (8 items) - This area surveys each programme's staff employment, training and performance appraisal practices.
- Evaluation (7 items) - This area surveys the extent of research and evaluation activities associated with the programme.

²¹ A copy of the CPAI is found in Appendix 2.

- Other (6 items) - This area considers ethical issues and examines the stability of the service's programme, funding and support.

Following advice from a Department of Corrections cultural advisor, five cultural questions were incorporated into the existing sub-sections of the CPAI. These questions concerned the ethnic make-up of providers' staff; the presence of the Treaty principles in providers' policy documents; assessment procedures that ascertained the suitability of a service for Maori clients; the suitability of programme content for Maori; and, any links providers had established with local Iwi and/or Maori groups. Permission was gained from the authors of the CPAI to incorporate these cultural items into the instrument.²²

In addition, four other questions were developed to pose to the informants with whom the CPAI was administered. These questions were included to ascertain the informants' views about the degree to which the contents of the CPAI were understandable; the utility of the CPAI; and possible ways in which the CPAI could be enhanced to facilitate this instruments transfer from its origins in a North American setting and its applicability to the New Zealand setting.²³

A scoring guide is attached to the instrument. This guide gives instructions to the assessor about the meanings of the items comprising the CPAI, thereby providing a degree of consistency amongst those making judgments about the presence or otherwise of items within each programme under review. Items are scored either 0 if the item is not present, or 1 if it is.

Not only can the items comprising the CPAI be scored individually, but it is possible to calculate separate subtotal scores for each of the categories of items, and these in turn can be summed to form a total treatment score. The authors direct assessors to calculate subsection and total scores in terms of the percentage of the items present within each programme under evaluation. A percentage, rather than normalized raw score, is recommended by the authors because experience has shown that not all items can be present in every programme. For example, brokerage to other community based services and programmes is rarely possible for institutionally based programmes. In light of this observation and with the use of percentage scores services can be compared and/or ranked across sites and regardless of programme type.

²² The cultural questions are listed in Appendix 2.

²³ These questions are listed in Appendix 2.

Three classifications of programme quality are employed; very satisfactory (70% or greater); satisfactory (50-69%); and unsatisfactory (less than 50%).

While Gendreau and Andrews (1996) describe the CPAI as a psychometric instrument which is undergoing development and validation, Cheetham et al. (1992:41-42) argue that there are strong reasons for utilizing standardized assessment tools in research studies, in particular they "...can yield summary and comparable data ..." and they overcome the need to "... design ... a scale *de novo* ..." which includes "... the lengthy process necessary to test for reliability and validity before any such measure can be accepted with confidence ...". To date research studies that include tests for the reliability and validity of the CPAI and reported in the literature are scant. Of the reliability of the CPAI, Hoge et al. (1995:275) included inter-rater reliability checks on a number of randomly selected cases in their survey of agencies providing services to juvenile offenders in one Canadian province. They reported an 80% level of agreement was maintained. Since Black et al., (1976:236) maintain that a "... necessary condition of validity is reliability" and ideally "... scores on a reliable measuring instrument ..." should only change in response to some independent factor causally related to it, the scant amount of information reported about the reliability of the CPAI is of concern (Riley et al., 1997:11).

While acknowledging this concern, Suchman (1967:120) argues "in evaluative research the major problem will not be one of reliability, but of validity. If the results of a study are shown to be valid ..., the reliability of the evaluative instrument may largely be taken for granted." In the context of evaluation research, Smith (1990:58) believes that face validity is of considerable importance. For an instrument to have face validity "... the important relevant areas ..." should be included, together with a "... range of items appropriate to the situation ..." (Cheetham et al., 1992:42). The items comprising the CPAI appear to be measuring the effectiveness of correctional treatment programmes and therefore in terms of face validity the CPAI rates highly.

Consensual validity is also a form of face validity, however in this case a number of experts reach a consensus about the obvious significance of the CPAI items in measuring programme effectiveness. The authors of the CPAI together with other experts involved in researching correctional programmes (Gendreau and Goggin, 1997:275) note the clinical relevance of the items comprising this psychometric instrument. Hoge et al. (1993), however, note one limitation in this respect. They argue that in many correctional services, treatment is either

absent or is but one aspect of the total programme. Hence they conclude that while the consensual validity of the CPAI is high in relation to the delivery of correctional programmes with a rehabilitative focus, more investigation is required to assess the relevance of this instrument in correctional settings where there is a predominantly punitive focus, or a mix of rehabilitative and punitive foci.

While there seems to be nothing reported in the literature concerning the correlational validity (where the CPAI is compared with another instrument that is known to accurately measure clinically relevant aspects of effective correctional programmes) of the CPAI, Gendreau and Goggin (1997:281) argue that the construct validity of the CPAI is high. Construct validity expresses the degree to which the items in the CPAI measure a theoretical concept. This assessment is somewhat less subjective than, for example face validity, because the CPAI would be compared with outside criteria such as theories that have been empirically tested in earlier research endeavours. Since the items comprising the CPAI have been developed from such empirically tested endeavours (for example, Gendreau & Ross, 1979; Gendreau & Andrews 1979; and, Andrews et al., 1990) it would appear that Gendreau and Goggin's (1997:281) assessment is accurate.

While construct validity compares a measurement instrument with outside criteria, predictive validity shows a correlation between the CPAI and outcomes. When construct validity "is applied to the CPAI, the best (and most relevant) measure of validity would be the degree to which scores yielded by applying this instrument to a variety of programmes corresponded to the actual impact that such programmes had on subsequent offending" (Riley et al. 1997:7). Gendreau and Goggin (1997:281) report that the CPAI has post-dictive validity because those programmes that scored best on the CPAI reported the greatest reductions in offending. Further they explain that the CPAI does not have predictive validity because "the programmes assessed by the CPAI have rarely reported any follow-up data of their clientele, let alone examined the effectiveness of their programmes with another treatment comparison."

In sum, while there remains a number of outstanding issues in relation to the reliability and validity of the CPAI as a measure of the quality of correctional treatment programmes, this instrument was the best (perhaps the only) instrument of its kind available at the time this research study was undertaken. Since there is a risk to community safety each time an offender is sanctioned in the community, it seems prudent to test the potential utility of any

available and objective measures that have the potential to improve the accuracy of decisions concerning the purchase and delivery of effective correctional treatment programmes.

2.5 Data Sources

Informant Population

The Providers - The Department of Corrections' publication, *Funding for Community Programme and Maatua Whangai Programme Providers - 1997-1998* lists the 137 non-government service providers who formed the target population for the purposes of this research study (de Vaus, 1991:60). Of this total population 71.5% (98) received payments from the Community Programme Fund, 27% (37) received payments from the Maatua Whangai Fund and 1.5% (2) received separate payments from both Funds. An analysis of the geographic distribution of this provider population showed that 29% (40) were located within the CPS's northern region (Northland and Auckland); 45.3% (62) were located in the central region; and, 25.5% (35) were located in the southern region (Wellington and the South Island).

**Table 2: Types of Services Funded under the Community Programme
Maatua Whangai Programme Funds, 1997/98**

Service Type	Number	Percentage
Mixed *	48	35
Violence *	46	33.6
Alcohol and Drug *	17	12.4
Driving	9	6.6
Parenting	5	3.6
Employment *	4	2.9
Sexual	3	2.2
Women's	2	1.5
Cultural	2	1.5
Financial	1	0.7
TOTAL	137	100

Source: Community Corrections Service (1997)

*Those service types marked with an asterisk included some services that offered residential programmes. For example, 41.2% (7) of the alcohol and drug services were residential; 4.2% (2) of the mixed services were residential; 50% (2) of the employment services were residential; and, 2.2% (1) of the violence prevention services were residential.

Table 2 shows the types of services and programmes delivered by the non-government providers that received payments from either the Community Programme or the Maatua Whangai Programme Funds.

The Purchaser - From the purchaser's perspective representatives of two populations were identified as significant - the CPS's Area Managers and the Service's Community Liaison Coordinators. There are 16 Area Offices within the CPS. These are located in Invercargill, Dunedin, Christchurch, Nelson/Marlborough/West Coast, Wellington, Tararua, Hawkes Bay/Gisborne, Whanganui/ Taranaki, Rotorua, Bay of Plenty Coast, Hamilton, Counties/Manakau, South Auckland, Auckland, Waitemata and Taitokerau. Each Area Manager is responsible for implementing CPS policy in the Area for which they are responsible, including that associated with the Community Programme and Maatua Whangai Programme Funds.

In each of these Areas a staff member is given the role of the Community Liaison Coordinator. This person's responsibilities include developing an Area Client Profile; preparing a Fund Plan; contacting with preferred providers; and monitoring and evaluating service contracts.

Informant Sample

The Provider Sample – In relation to the provider population, multistaged sampling procedures were undertaken. The first stage involved a purposeful sampling of all 66 providers who received \$10,000 or more and a random sampling of 7 providers from the 71 who received less than \$10,000. This was followed by a random selection of 22 providers (from the 66 purposefully selected providers) to whom the CPAI was administered. The text that follows explains these procedures in more detail.

As a result of financial and time constraints inherent in this research study it was not possible to administer the interview schedule to all those comprising the provider population.

Therefore, in order to draw together a sample useful for the purposes of this study a purposeful sampling method was adopted. From the range of purposeful sampling methods available, the criterion sampling strategy was selected as the most appropriate - most appropriate because the power of this strategy lies in selecting informants with the greatest potential for providing rich, in depth information (Patton, 1987:51-52, 56; Denscombe, 1998). Since the purpose of this study was to examine performance in terms of the 'theories of action' of those involved in

POSC arrangements, ideally the provider sample would include those with the most experience of, and knowledge about this subject. With this in mind, it was considered likely that the purchaser would expend the highest dollar values on purchasing services from providers with whom they had experienced such relationships over time. Therefore, providers selected for inclusion in the study were those which received payments of \$10,000 or more during the 1997/98 financial year.²⁴ The sample size was therefore 66 (48.2%) of the total population. In addition 7 (5%) providers which received payments of under \$10,000 were randomly selected and added to this core sample of providers making a total sample size of 73 - some 53.3% of the target population.²⁵

The addition of a small number of providers from the 'under \$10,000' group was done in order to ascertain the degree of alignment between the views of the principal informant group and those in receipt of lesser payments. If during data analysis the study found an alignment existed between the information provided by the two groups, then this might add weight to any attempt to generalize the results across all providers offering services to offenders. In fact, upon analysis, the responses from providers who received payments of under \$10,000 aligned with those who received payments of \$10,000 or more and therefore the responses from both groups were combined and presented in aggregate form in the results section.

Of the sample invited to participate in this research project, 50 (68.5%) received payments from the Community Programme Fund and 23 (31.5%) received payments from the Maatua Whangai Programme Fund. Twenty-seven percent (20) of the providers - 2 of which received payments under \$10,000 - were located in the CPS's Northern Region; 37% (27) - two of which received payments under \$10,000 - were located in the CPS's Central Region; and, 35.6% (26) were located in the CPS's Southern region. Table 3 shows the types of services delivered by the non-government providers in the sample.

²⁴ These 66 providers received payments totaling \$1,873,229. \$512,357 was paid from the Maatua Whangai Programme Fund and \$1,360,872 from the Community Programme Fund. This was 78.1% of the total funds available.

²⁵ The sample size was large, and therefore this has implications for reducing sampling errors and for justifying generalizations to be made about the target population.

Table 3: Types of Services Delivered by the Sample of Providers ²⁶

Service Type	Number	Percentage
Mixed *	23	31.5
Violence *	30	41.1
Alcohol and Drug	13	17.8
Driving	1	1.4
Parenting	0	0
Employment *	2	2.7
Sexual	3	4.1
Women's	0	0
Cultural	0	0
Financial	1	1.4
TOTAL	73	100

Source: Community Corrections Service (1997)

* The 'under \$10,000' providers delivered services marked with an asterisk. There were 4 delivering mixed services; 2 delivering violence prevention services; and, 1 delivering employment services.

The Provider Sample with whom the CPAI was Administered – The administration of the CPAI with all 66 providers, who received more than \$10,000 from CPS, was not possible in the context of this research study because of the restricted budget available and because of the time required to administer a psychometric instrument of this length and all inclusive nature. Therefore, the CPAI was administered to 22 providers selected randomly from the 66 providers who received payments of \$10,000 or more from CPS.

This sample included 8 'mixed' programmes (including a national programme – that is, it received referrals from throughout New Zealand - and a service for Pacific Island peoples); 8 violence prevention services; 4 alcohol and drug services; 1 employment service; and, 1 service for the treatment of sex offenders. There were 7 provider services in the Maatua Whangai Programme Fund category and all were non-residential. Of the 15 providers in the Community Programme Fund category, some were residential - 2 alcohol and drug services and 1 employment programme.

²⁶ These services cost a total of \$1,914,742. \$527,277 (27.5%) was paid from the Maatua Whangai Programme Fund and \$1,387,465 (72.5%) was paid from the Community Programme Fund.

The Purchaser Sample - All CPS Area Managers and staff assigned the responsibilities of the Community Liaison Coordinator (Contract Managers) were invited to participate in the research study.

Secondary Data

In order to supplement the data collected via the survey method, CPS's organizational records were examined. These records included the Service's Head Office files – the Funding Series – which contained paper copies of the quarterly reports submitted by Area staff. These reports included those entitled the 'Managers Quarterly Report' and the 'Programme Providers Quarterly Report' (Appendix 3). Both Reports require the same sorts of information, although the reports submitted by Area Managers comprise a collation of information from all providers funded in their respective Areas.

There were two reasons for examining this secondary data. First, I wanted to ascertain the extent of such data, and second I wanted to analyze the accuracy of such data. Both the extent and accuracy would hopefully lead to some conclusions about the adequacy of this monitoring mechanism as a means of measuring performance.

2.6 The Procedure

The procedures utilized in this research project have been largely influenced by Dillman's (1978) *Total Design Method*. Drawing on principles from exchange, management and administration theories, this method is purported to increase survey response rates as well as enhancing the consistency and accuracy with which the data are collected (Frey, 1983).

Pre-testing the Interview Schedules and the CPAI - Draft interview schedules were pre-tested with two separate groups of subjects (Dillman, 1978:156). These subjects included two individuals who had previously been responsible for the community liaison coordinators role, two CPS managers and two managers of non-government provider agencies (not part of the sample). In addition, the schedules were evaluated by one of the Department of Corrections cultural advisors, as well as my own supervisor. As a result of this pre-testing the cultural appropriateness of the questions was checked; ambiguities within questions were clarified to minimize the differences in the way informants understood the questions; some redundant questions were omitted, while others were added to enhance the precision with which

responses were obtained; and some questions were rearranged to facilitate the logical progression of themes inherent in each interview schedule.

In 1997 twelve service providers agreed to participate in a pilot study which aimed to explore possible technical, administrative, utility or measurement issues associated with the administration of the CPAI. In order to enhance the reliability of the results arising from the administration of this instrument, I was during the pilot accompanied by David Riley, the then Regional Manager, Psychological Service, New Zealand Department of Corrections, who had provided the training for my use of the CPAI. Our respective scores for each of the providers were compared to ensure that there was an alignment between our respective interpretations of the providers' responses to questions and the subsequent scoring of each item.

Succinctly, and as a result of this pilot study, several strategies were introduced with which to facilitate this instrument's administration during the formal data collection stage undertaken during September and November 1998. First, five cultural items were added to the instrument. Second, an interview schedule was developed comprising questions pertaining to the items in the instrument's scoring guide. These questions were written in 'plain English' to not only overcome the difficulties encountered by the pilot study informants in relation to the instrument's use of professional jargon and thereby facilitate a common understanding of the questions posed; but also to facilitate the expediency with which the instrument was administered.²⁷

Third, to overcome the technical difficulties experienced with the audio equipment used during the pilot study a different microphone was used during subsequent interviews - one that excluded background noise and that was particularly sensitive to voice. Fourth, to maximize a partnership approach to the administration and subsequent use of the results from the administration of the CPAI the introductory letter to potential informants was enhanced to ensure their consent was fully informed; and following analysis of the informants' results each provider was supplied with an individualized summary report, which outlined the strengths and areas for development as identified via the items comprising the CPAI.²⁸

²⁷ See Appendix 2 for a copy of the revised CPAI interview schedule.

²⁸ See Appendix 2 for a sample individualized summary report. Note that all identifying markers have been removed from this sample report.

Last, the pilot study demonstrated that the CPAI as a measure of correctional programme effectiveness does have applicability in the New Zealand context and that discrimination between services is possible. Therefore, a wider investigation of the applicability of this instrument seemed appropriate.

Letter of Introduction - Dillman (1978) and others (Nuckols, 1953; Brunner and Carroll, 1969; Dillman et al., 1976:76) maintain that introductory letters enhance rates of response, informant cooperation and the quality of information received. Three separate letters were developed for each of the respective informant groups.²⁹ The letters described the purpose and subject matter of the research project; identified the university and the personnel supervising the study, including an invitation to contact that person for verification and clarification; an outline of the expected benefits; and, an explanation of the ethical issues associated with the research. Letters were sent in batches of fifteen, at two-week intervals, to facilitate the ease with which subsequent telephone contact and telephone interviews were managed.

Initial Telephone Contact and Rate of Response - About ten days after the introductory letters were mailed, initial telephone contact was made with each potential informant in the samples. The purpose of this telephone contact was to answer any outstanding questions that informants might wish to pose and to ascertain their willingness and consent to participate. Once consent was given, a suitable time was arranged to undertake the telephone interview.

Of the 16 Area Managers invited to participate 14 were available for interview during the data collection period. This was a response rate of 87.5%. Advice was sought from Area Managers concerning who in their Area was responsible for the duties of the Community Liaison Coordinator. Apart from 2 of the 16 Areas where a Probation Officer has been delegated the responsibilities of the Community Liaison Coordinator on a full-time basis, the other Areas chose to delegate these responsibilities to one or more staff members in a variety of roles and on a part-time basis. In 3 (18.8%) of the 16 Areas the Area Manager took sole responsibility for contract management. Since these 3 informants would provide responses to the questions in the interview schedule for Area Managers, it seemed redundant to undertake a second interview using the schedule designed for the 'Contract Managers'. Therefore, a

²⁹ See Appendix 4 for an example of such letters.

compromise position was taken. A select number of questions from the 'Contract Managers' interview schedule concerning topics (questions 1 and 2 on the determination of need; and questions 20,21, 23 and 24 concerning the causal link between programmatic elements and client outcome) not covered in the Area Managers' interview schedule, were incorporated in the interview with these three informants.

Aside from these 3 Area Managers, those responsible for contract management included 8 Service Managers; 2 generalist Probation Officers who took on these responsibilities on a part-time basis; 2 Probation Officers with full-time responsibility for contract management; and, 1 Finance Manager. The response rate for 'Contract Managers' was 100%.

Of the 73 non-government providers in the sampling frame, 49 of those who received payments of \$10,000 or more and all 7 providers who received payments under \$10,000, agreed to participate in the telephone interviews. This was a 76.7% rate of response. These response rates were very high and "very good ... for analysis and reporting" (Babbie, 1990:242; Hall and Hall, 1996:100,127,131).

Of the 17 providers in the sampling frame who did not participate in the telephone interviews, 8 had ceased operating during the 1997/98 financial year; 5 were unable to be contacted within the data collection period or were too heavily committed with other activities during that period; 2 provider informants had resigned just prior to the data collection period and there was no one in the agency with experience of the research topic; and 2 refused.³⁰

The Interviews - Telephone interviews were conducted with the Area Managers and the 'Contract Managers' during July and August 1998. On average the Area Manager interviews took 1 hour and 11 minutes and the 'Contract Manager' interviews took 1 hour and 32 minutes.

Telephone interviews with the non-government providers were conducted in September and October 1998. On average these interviews took 1 hour and 10 minutes. At the conclusion of the telephone interviews 22 previously identified providers were invited to participate in a further aspect of the research project - namely, a face-to-face interview during which the CPAI

³⁰ This refusal rate seems to be in line with earlier findings where the median refusal rate was 28% (Groves et al., 1979; Wiseman et al., 1979:482).

would be administered. There was 100% response to this request. Mutually suitable dates and times were arranged. These arrangements were confirmed in a letter. On average the administration of the CPAI took 1 hour and 37 minutes.

All interviews were audiotaped in order to give full attention to each informant's responses, to ensure the precise recording of informant experiences and opinions, and to complement the notes taken during all interviews (Patton, 1987:137-138).³¹

Letters of Thanks and CPAI Summary Reports - During December 1998 and January 1999 all those who participated as informants in the research project received letters of thanks. Copies of these can be found in Appendices 2 and 4. For those providers, who had been involved in the face-to-face interviews where the CPAI had been administered, these letters of thanks were accompanied by a confidential report that summarized the particular information provided and as that related to the items in the CPAI. These reports remain the property of the agencies that received them and results reported here will in no way particularize any aspects of information in order to ensure anonymity. An example of one of these reports is located in Appendix 2. All identifying markers have been removed.

Data Analysis - All audiotapes from the telephone and face-to-face interviews were transcribed verbatim. The transcribed information was then coded.³² Each type of response within each response category were calculated and tabulated, and then relationships among the variables were explored. This more quantitative method of recording the results was then complemented with examples that described each different response grouping, including the extensive use of informant quotes. According to Smith (1990:121) "... quotes and data that support ..." response categories are "... akin to statistical tests of significance in quantitative analysis."

2.7 Ethical Considerations

Because evaluative research deals with value-based social action, a commitment to consider the ethical implications of the research is mandatory. To counter some of the ethical problems that may arise as a result of this research study a number of preventative measures have been introduced into the research design.

³¹ Blair (1980:258) noted that the use of a tape recorder does not affect informant responses; and Silverman (2000:148-151) describes the advantages of working with tapes.

³² For further information about coding systems see Guba (1978); Williamson et al. (1982); Robson (1993); and, Bouma (2000).

Informed Consent - All potential informants were advised in the introductory letter of the purpose, nature and possible benefits of the research so that they could exercise choice about whether to be involved or not. Informant consent was sought on two separate occasions - at the initial telephone contact and again just prior to the commencement of the interviews. In addition, informants were invited to ask questions about the research at any time (Singer et al., 1982:417).

Freedom to Withdraw - Participation in this research was voluntary and any informant was free to withdraw at any time and/or refuse to answer any questions without negative consequence.

Confidentiality - The anonymity of informants and the organizations that each represented was maintained throughout the research study. Information collected from particular individuals and about their organizations have been collated and presented in aggregate form. At no time is there any reference in the thesis to the names of particular individuals, organizations or places which might be used as identifiers.

Conflicting Interests - Any research that examines services in terms of contestability is bound to be confronted with conflicting interests. Mayer and Greenwood (1980:62) note that ‘... the analyst may find him or herself under subtle pressure to ignore evidence of programme failure, or even to suppress negative results ...’. To counter this ethical problem, the research was conducted without bias and the results, regardless of the implications, were disseminated in a sensitive manner.

Storage and Use of Data - Data collection during the course of the research was securely stored to ensure that the material was only used for the purpose for which it was gathered. Informants were advised that the data was to be used for a university-based research project and that the focus of the research was purchase-of-service contracting in a correctional context.

Promises to Supply Information were Fulfilled - All requests for interview transcripts were met; and, all informants who participated in the face-to-face interviews during which the CPAI was administered received a report summarizing the results for their service.

Approval of the Human Ethics Committee of the University of Canterbury - The research proposal was presented to the Human Ethics Committee of the University of Canterbury and approval was given to contact the key informants and collect the data that informed the study.

Chapter 3: Ideological, Theoretical and Evaluative Discourses on Indirect Government

3.1 Achieving Results Through Indirect Government

In order to manage for results, those responsible for the public sector reforms worldwide drew variously on a plethora of theoretical, managerial, ideological and experiential strategies with which to redesign their public management systems.³³ Two strategies, however, predominated – corporate management strategies and market strategies (for example, contracts, contestability, competitive tendering). The former dominated the Canadian, American and the Australian Commonwealth reforms (McGuire, 1994; Zifcak, 1994; Breul, 1996; Volker, 1996; Wholey, 1997; Poister and Streib, 1999); while the latter dominated the reforms in the Australian State of Victoria, the United Kingdom and New Zealand (Alford et al., 1994; Mauhood, 1997). The focus here is on one such market strategy – the separation of the purchaser from the provider, and in particular the employment of non-government agents to deliver public services.

Gooden (1998:499) and others (Terrell and Kramer, 1984:31; Alford and O'Neill, 1994) variously refer to the delivery of 'public services' by the non-government sector as 'indirect government,' 'the mixed economy of welfare,' 'government by proxy,' and the 'contract state.' For the purposes of this study this purchasing relationship between a public agency and a private provider has been defined as an agreement between the parties for the purpose of providing services to the *public agency's clients* and in the *public interest* (Wedel, 1974:57; Gibelman et al, 1983:22; Judge et al., 1983:210).

Scott (2001:35, 86) informs that the purchaser/provider separation "contributes to efficiency and effectiveness by modifying decision rights, information flows and incentives to improve the alignment of the goals of organizations with the goals of government." Such incentives, driven by the presence of competition, prompt providers to perform and to deliver services that appropriately address clients' needs. From the purchasers' perspective, separation induces them to formally define goals and specify and monitor services – activities which emphasize the application of standards and improve quality (OECD, 1996a:33). Domberger (1998: 47-48) states that the information exchanges between the parties facilitate the collection of

³³ For a discussion about the theoretical and other influences underpinning the New Zealand public sector management reforms refer to Boston (1996), Boston (1999), Grimes et al. (2001:95) and Scott (2001:34-36).

reliable data with which to assess outcomes, although Campbell's (2002) study demonstrated that the availability and quality of data were limited.

3.2 Achieving Results Through the Private Provision of Public Services – An Ideological Discourse

If the use of non-government sector organizations was added to the 'separation equation,' then according to some commentators, performance gains were augmented. In the New Zealand context, for example, reformers believed that contracting private sector providers to deliver non-core public services would not only counter the monopoly held by the public sector in the overall economy, but it would enhance quality, efficiency and accountability (Scott, 2001:35, 86). More generally, Gibelman and Demon (1983:21) believe that such support for private sector agents was held on "...the basis of an inherent superiority private sector agencies are alleged to possess" – a view fuelled by business management writers, such as Drucker (1977:131), who criticized public sector management and extolled the virtues of private sector management.

Although supporters of contracting out to the private sector allege this strategy has numerous performance-related advantages, others contend that such claims are based on ideological arguments rather than empirical evidence and that at best delegating the delivery of public services to the private sector is only advantageous for certain services under specified conditions (Murnane, 1983:403; Mullen, 1984; Donahue, 1989:131,158; Howden-Chapman, 1993:274; Paddon, 1993:19; Hughes, 1994:265; Kettner and Martin, 1996a:108).

Alleged Benefits of the Private Provision of Public Services

Range of Services - Proponents maintain that purchasing services from the non-government sector enhances the range of services available for public sector clients (Judge and Smith, 1983:213; Terrell and Kramer, 1984:36; Kettner and Martin, 1988a:55; Kettner and Martin, 1994:15). Such services may include specialized programmes which the state lacks the capacity to offer; programmes which are only infrequently required; programmes which have been traditionally associated with non-government sector delivery, for example, residential treatment services; and those services that depend on non-government service delivery to ensure their effectiveness. Zeitoun (1984:17) for example, reports that the Correctional Service of Canada has developed contractual relationships with native service organizations "... to

provide services that consider the particular social and cultural backgrounds and needs of native offenders.”

Flexibility, Choice, Access - Enhanced programmatic and management flexibility and increased consumer choice and access are benefits identified with the private provision of public services. Terrell et al. (1984:35) and others (Ghere, 1981:66; Judge and Smith, 1983:212; Dorwart et al., 1986:875) note that private sector contracting for the provision of innovative or experimental programmes is advantageous because this process “... provides a means for bypassing rigid administrative and budgetary constraints, such as hiring or salary freezes”; while more generally Fitch (1974:551) states that the flexibility inherent in contracting non-government services provides the opportunity to “... escape from the rigidities of personnel, budgetary, and other central controls imposed by general government agencies.” Moreover, this instrument of service delivery offers the contractual parties some flexibility in terms of terminating negotiated agreements.

From a client perspective, private service provision offers greater choice and access to a range of services. Whilst discussing the relative merits of voucher mechanisms, Benton (1979:86) states “... the client is determined eligible for a service and given the opportunity to choose from a list of eligible providers.” Of the question of improved access, contracting with private providers offers purchasers the opportunity to buy services in geographically remote and/or widely distributed areas, as well as providing the means with which clients can access services free of the stigmatization often associated with attendance at government services (Terrell et al., 1984:36; O’Looney, 1993:502).

Responsiveness - Some writers contend that the introduction of the purchaser/provider split and the use of contracts enhance both the responsiveness of providers to purchasers’ policies (Benton, 1979:85); and the responsiveness of such services to clients’ needs and rights (Florestano et al., 1980:30). For example, in the health sector, Street (1994:31) comments that consumers’ views are often sought during needs assessments; whilst selecting appropriate services for particular client groups; and, during service delivery via the development of client charters and the introduction and use of client complaints procedures.

Quality - Advocates argue that comparatively the performance of private sector providers is superior in quality to that of the public sector (Florestano et al., 1980:33; Lowery, 1982:518;

Murnane, 1983:404; Dorwart et al., 1986:875; Demone et al., 1989:32; Deakin and Walsh, 1996:44; Kettner and Martin, 1996a:109; McGuire, 1997:103). Reflecting on the influence of competition inherent in this argument, Lowery (1982:518) argues that "... competition will compel vendors to meet the quality performance standards of the contracting body rather than pursuing narrowly defined self-interest objectives as is characteristic of bureaucratic production."

Cost Savings - Often recounted as the most significant benefit of the private provision of services, is the cost savings for the public service agency. (Benton, 1979:86; Florestano et al., 1980:33; Ghore, 1981:66; Gibelman et al., 1983:24; Judge and Smith, 1983:212; Lyons, 1983:243; DeHoog, 1984:114; Terrell et al., 1984:36; Ozanne and Wedel, 1987:351; Demone et al., 1989:32; Deakin and Walsh, 1996:44-45; Smith and Smyth, 1996:279). Such cost savings are said to accrue from the lack of start-up costs, reduced overhead costs associated with both facilities and programmes and lower labour costs. Terrell, (1976:87) also notes that there are economic advantages to the public sector "...in terms of the 'multiplier effect' secured when private agencies increase the efficiency of public dollars through the use of 'volunteer support, mixed funding and donated capital'."

Efficiency, Effectiveness, Accountability - McGuire (1997:103) writes "(c)ontracts and competition will improve the efficiency, effectiveness and accountability of public service delivery." More generally supporters of outsourcing argue that efficiency gains are made through economies of scale and the tendency to more precisely calculate the demand and supply equation. Moreover, decentralization has been widely introduced as a means of improving administrative efficiencies (Florestano et al., 1980:29; Lowery, 1982:518; Dorwart et al., 1986:876). Improved effectiveness, write Ozanne et al. (1987:352), is said to occur in those service delivery areas that have been typically associated with the non-government sector - a history which has resulted in the development of professional competence and expertise not found in public sector organizations. In addition to alleged improvements in efficiency and effectiveness, proponents maintain that the design and operationalization of private sector contracting enhances accountability (OECD, 1996:33). With reference to New Zealand's health sector, Howden-Chapman (1993:274) comments that by separating the purchaser role from that of the provider "... greater accountability can be achieved, in particular because the purchaser is designed to have an independent power base and intended to have no interests other than making the best decisions on who will provide the best health care." In the criminal

justice environment, Freiberg (1997:144) states that accountabilities are operationalized at multiple levels (financial, supervisory and evaluative) and between multiple relationships (purchaser and provider; the government and the public; offenders and the purchaser).

At a conceptual level therefore, proponents of private sector contracting claim that there are numerous benefits for the public sector. However, despite this promise many observers refute these claims and describe numerous difficulties experienced by those who have attempted to implement this policy instrument.

Reported Difficulties with the Private Provision of Public Services

Limited Range and Variety of Services - While supporters argue that this policy instrument stimulates an increase in the number and variety of services available to public sector clients, some writers have reported situations and administrative practices which check this trend. Dorwart et al. (1986:876) reports that where competitive bidding procedures are utilized, often only one bid is received for any given contract; and De Hoog (1984:120) notes that in smaller centres there is difficulty finding suitable services to purchase. Moreover, where contracting with private providers does lead to the development and availability of a range of services, Sharkansky (1980:118-119) comments that both purchasers and clients may require 'expert' assistance to select the most appropriate option. In addition, she points out that variety amongst services purchased "... hinders program evaluation according to common or clear standards."

Concerns with Administrative Flexibility and Innovation - According to some commentators, administrative flexibility results in less than desirable effects. From the perspective of the purchaser, Mullen (1984:6) comments that while theoretically there are benefits in having flexibility to contract or terminate according to levels of performance, the reality of transferring from one provider to another is a costly exercise; while from the providers' perspective, contract termination can threaten the survival of such agencies, especially if they have come to rely heavily on public contracts as a source of income (Terrell et al., 1984:37). Another difficulty here is that outsourcing services can cause the public sector agency to lose the capacity to deliver such services - a situation which precludes the option of reverting to in-house delivery if and when the need arises (Mullen, 1984:6). Yet another difficulty identified by Sharkanski (1980:119) in relation to administrative flexibility, is that there is evidence to suggest that purchasers sometimes waive competitive bid procedures. Instead they select

favoured providers (for example, friends or family members) regardless of whether the services proposed meet desirable performance standards.

Of the proponents' claims of the non-government sector's capacity for innovation, Judge and Smith (1983:219) claim that there is little evidence to support this contention. Be that as it may, they note that some government agencies prefer to use the non-government sector to implement experimental programmes, particularly when a long-term commitment to deliver such services is uncertain.

Concerns with Access - Despite claims that client access to services is enhanced when such services are delivered by the non-government sector (Fulcher et al., 1988:25-27), empirical studies show mixed findings. Benton (1979:87), for example, compared the client characteristics of those participating in direct and purchased services. His findings led him to question whether clients from all socio-economic groups were being served in an equitable manner; and moreover, whether service providers were serving their own rather than public sector clientele. In a similar vein Murnane (1983:413), when examining client access to a variety of privately provided social services, where client characteristics effected outcomes, found that providers "... sort clients in order to produce 'quality' services ..." and "... refuse to admit ..." those that would "... disrupt their programs."

Contrary to these findings however, other researchers refute the claim that private providers 'cream' clients perceived to be least disruptive and most likely to achieve desirable outcomes. Judge and Smith (1983:219) found evidence to support the contention that the use of non-government providers improved both choice and access for "... hard to reach clients." In fact, Shichor and Bartollas (1990:294-295) found that the intake policies of private providers were anything but discriminating of potentially 'disruptive' clients. In their study of delinquent placements, the characteristics of juveniles in private facilities were more problematic than those in public facilities. Rather than limiting client access Gibelman (1981:29) is of the view that "... 'screening' is not taking place past the referral stage, which most frequently occurs at intake in the public agency. ...(A)ll cases referred to them (non-government agencies) by the public agency were accepted and maintained for service."

No Guarantee of Cost Savings - While the literature abounds with extravagant claims of cost savings for the public sector if services are purchased rather than delivered in-house, the

empirical evidence is far less convincing. To begin with Paddon (1993:19) draws our attention to the "... controversies over the proper method of cost comparison to be used and inherent difficulties in measuring the 'real cost' of contracting." Benton (1979:84-85) and Freiberg (1997:136) also share these concerns.

Many commentators note that a competitive environment is an essential prerequisite for the cost savings said to be gained from purchasing services from the non-government sector (Fitch, 1974; Fisk, Kiesling and Muller, 1978; Hatry and Durman, 1984; Pack, 1987; Savas, 1987; Kettl, 1993). However Kramer (1994) and others (Kettner and Martin, 1994; Bennett and Ferlie, 1996) observe that few private markets exist for many, if not all social services. Furthermore, studies that compared costs of public and private services have produced mixed results - some finding that non-government services cost less (Richter and Ozawa, 1983; Domberger, 1998:44); others producing mixed or inconclusive results (Sharkansky, 1980:120; De Hoog, 1984:121; Willis, 1984). Deakin and Walsh (1996:44-45) argue that the results of such studies need to be viewed with some skepticism since many have derived results from surveys of management perception, rather than statistical evidence. At best therefore, the claim that non-government services are cheaper is questionable, and where cost savings have been shown, such findings seem to relate to "... simple services, where the technology of production is well understood and performance can be readily observed ... for example, ... refuse collection and street cleaning ..." rather than with "... more complex services, such as health and social care" (Deakin and Walsh, 1996:44).

No Guarantee of Quality - Higher quality services, like cost savings, are according to proponents said to result from the introduction of market mechanisms into the public sector. From the perspective of public choice theorists, "... competition will compel vendors to meet quality performance standards of the contracting government rather than pursuing narrowly defined self-interest objectives as is characteristic of bureaucratic production" (Lowery, 1982:518). Contrary to this view, Sharkansky (1980:119) contends that contracting does not automatically result in improved quality of services. Indeed, she and others (De Hoog, 1986), maintain that service quality may be compromised by the goal of reducing costs. While there is some empirical evidence to support the contention that the private provision of professional services can lead to improved quality (Florestano et al., 1980:33); other studies report variable opinions concerning quality improvements (Domberger, 1998:166-168). For example, Mullen's (1985:56-58) study of contracted prison services showed that some officials reported

higher quality services while others reported service delivery of poor quality. A similar variety of opinions are reflected in De Hoog's (1984:127) study of privately provided services. Steven's 1984 study of municipal services showed no statistically significant difference in the quality of services provided by contractors compared to municipal agencies; while Camp and Camp's 1984 study of private sector involvement in the provision of services to adult and juvenile corrections agencies found that a principal problem identified by respondents was the poor quality of the services.

Commentators note a variety of explanations and problems associated with such varying results. Deakin and Walsh (1996:44) argue that where quality improvements are evidenced, it is difficult to prove a causative link between such improvements and the contracting process per se. Instead they suggest such improvements may well be the result of "... the fact that attention has been given to the operation of services that may previously have received little management consideration." De Hoog (1984:127) comments that where public programmes have been augmented by contracting specialized private sector services, such agents may have performed well as a result of their "... strong professional ethic, the expertise, and commitment to the needy ..."

Boston (1995:100) and Dorwart et al. (1986:877) observe the problem of assessing quality when there is no agreement about what constitutes a quality service, nor adequate indicators with which to measure it. They state that a consistent approach to quality assessment is somewhat hampered by the process of decentralization, where quality assessments are undertaken by numerous local administrators, with varying levels of capability and resources at their disposal. Moreover, they contend that in the health sector, at least, quality assurance has focused more on detecting problems and averting risk, than on assessing whether clients are receiving quality services. In all, the evidence seems to suggest that in the area of service quality, performance has fallen somewhat short of expectations.

Difficulties with Responsiveness and Effectiveness - Improved responsiveness to purchasers' policy initiatives and to the clients receiving contracted services are claimed to be two other advantages associated with indirect government. Despite this claim Kettner and Martin (1994:15) report instances where contracts are awarded without reference to any needs assessment; and Benton (1979:85) notes that providers are often in receipt of funds from a

variety of purchasing agencies - a situation which may result in the dilution of the service agendas held by some purchasers, as others are given priority by the provider of services.

Boyne's (1998) empirical study failed to demonstrate the claimed efficiency gains; and other commentators express concerns about the effectiveness of contracted services. Dorwart et al. (1986:876) and Benton (1979:84) remark that while the contracting mechanism was introduced as a means of forcing purchasers to select effective programmes, in many cases this effect has failed to materialize. Instead purchasing agents continue with traditional patterns of purchasing. This situation has been further exacerbated by the fact that purchasers have failed to reach a consensus on, or articulate reasonable and appropriate goals and objectives for the contracted services, thereby making it difficult to evaluate which providers had or had not delivered services that advanced the public good (Terrell et al., 1984:37; Dorwart et al., 1986:876). Overall Kettner and Martin (1994:15) assessed that evaluations of contracted services were either inadequate or non-existent; and Lyons (1983:352-353) reports that there are few empirical studies that focus on ascertaining clients' perspectives about the quality of services received. In one of the few studies reported Willis (1984) found that clients of homemaker services gave higher ratings of satisfaction for direct compared to indirect services. Finally, McGuire (1997) concludes that contracting per se will not overcome the difficulty of evaluating effectiveness. Instead, she and others maintain that purchasers of services must promote the evaluation of effectiveness by developing adequate indicators of performance, which reflect both desirable client and community outcomes (OECD, 1996a:129).

Difficulties with Accountability - The separation of the purchaser and provider roles promised increased accountability, however, such a separation requires contract managers to incorporate and utilize a variety of mechanisms to ensure that service providers are answerable for their performance (Johnston et al., 1999:386). To date, Howden-Chapman (1993:274) and others (OECD, 1996:37) maintain that there is little empirical evidence to suggest that such mechanisms are being adequately implemented. Ghore (1981:66-67) and others (Salamon, 1981; Camp and Camp, 1984; Terrell et al., 1984:37; Deakin and Walsh, 1996:42; OECD, 1996a:128) report that purchasers perceive that the purchaser/provider split imposes limitations on their capacity to exert the controls necessary to ensure that provider services are delivered in an equitable and effective manner; and, furthermore, that this difficulty is exacerbated when services are less tangible, for example, those involving counselling and treatment.

The literature reflects that such accountability difficulties stem from resistances maintained by both purchasers and providers. For example, Ghere (1981:77) found that purchasers lacked the motivation to develop adequate management tools with which to optimize their control over purchased services. Instead he discovered that purchasers viewed contracting as a means of transferring their responsibility for the delivery of public services to the private sector. Others add that providers' autonomy is not compromised because government demands low levels of accountability. "(T)his level is low because government lacks the incentives and capacity to do more" (Handler, 1996: 105; OECD, 1996a:37).

On the other side of the equation, writers recognize that public sector control and demands for accountability dilute the autonomy valued by non-government agencies; that they are reluctant to enter fee-for-service contracts for this reason; and, that when they do they experience feelings of powerlessness and are overwhelmed by the amount of information required of them (Sharkansky, 1980:118 and 120; Lyons, 1983:258-259; Zeitoun, 1984:17). Findings from a number of empirical studies reflect purchaser concerns about the accountability of private sector providers (DeHoog et al., 2002:330). Lyons (1983:59) reports that government officials participating in his study maintained that voluntary organizations had "... bad management and (a) lack of interest in accountability." Respondents in Terrell and Kramer's study (1984:36) gave numerous examples of contract provider practices that reflected a lack of accountability. For example, "... failure to budget correctly, improper shifting of items among expense categories, employing family members and others lacking suitable qualifications, inadequate training and supervision, poor personnel practices and lack of data about key program elements." And more recently, in an evaluation of the Medicaid managed care program contract managers reported that providers resisted their efforts to obtain the information necessary to evaluate performance (Fox et al., 1998).

A number of other writers have reported similar accountability issues in relation to contracts between the NSW and Victorian state governments and private prison contractors. Here the free flow of information about the cost and quality of private prisons was somewhat thwarted as private contractors hid behind the doctrine of commercial confidentiality (Monagle, 1995; Freiberg, 1997).

In all, these concerns reflect what Goldstein (1992) has called the ‘hollow government’; that is, whether public agencies can effectively deliver services when they are at arms-length from service delivery and when providers have few incentives to provide information about their practices (See also Laffin, 1996:53).

*A Closer Look at Competition*³⁴

Commentators suggest that the presence of a competitive environment is an important aspect of achieving the alleged performance gains that the public sector could expect from outsourcing. They believe that competition will result in lower costs, maximum efficiency, enhanced innovation and service quality, and increased user choice (Donahue, 1989:78; Kettner and Martin, 1989; Gain, 1994:18; Monagle, 1995:21; Hughes et al., 1996:159; Shand and Arnberg, 1996:32; Smith and Smyth, 1996:279; Minogue, 2000:8). Additionally, Ozanne and Wedel (1987:347) maintain that theoretically a competitive environment should provide an ideal context for evaluating the effectiveness of services across a provider pool, however they caution that such an environment could equally result in duplication and waste.

Despite the claims and potential for competition to inform and enhance performance, Kettner and Martin (1989:182) observe that “...little is actually known about the extent of competition in POSC.” McGuire (1997:116) contends that “competition is more often between service providers for budget funds rather than for clients, so performance is defined by efficiency rather than service quality for consumers ... the risk that public interest(s) will be displaced by private interest remains.”

Florestano (1982) adds that if competition does not exist, then outsourcing may simply be replacing public sector monopolies with those in the private sector. Moreover, Downs and Larkey (1986:41) maintain that the relationship between competitive pressure and productivity is at best tenuous, and that furthermore there are numerous factors aside from competition that influence performance.

There is a growing body of evidence in the literature which suggests that there are a number of barriers to creating a competitive environment within the context of social service provision and that where competition does exist, its presence is limited rather than extensive (Kettner and

³⁴ Based on government procurement theory, competition is defined as two or more providers presenting proposals to provide a service (Office of Federal Procurement Policy, 1979; De Hoog, 1985; Kettner and Martin, 1985, 1987, 1989).

Martin, 1994:15; Minogue, 2000:8). Of the existence of competition amongst state SSBG agencies, the results from Kettner and Martin's mail survey found that competition in outsourcing activities exists less than 25% of the time (Kettner and Martin, 1989:192); and furthermore, their analysis of contracting decision factors and administrative mechanisms led them to report inconclusive results concerning whether this does indeed increase competition. Johnston et al. (1999:390), whose study focused on the Medicaid reform in Kansas, found that rather than taking a competitive approach by seeking multiple bids, the state elected to consider only one contractor. In another study of contracting practices in relation to substance abuse services in North Carolina, Smith and Smyth (1996:295) found that trust and informal networking, rather than competitive contracting practices guided decisions to purchase such services.

These studies seems to indicate that competitive mechanisms and practices are somewhat underutilized by those making contracting decisions. More generally, Smith and Smyth (1996) maintain that this dearth of competition within the contracting model is the result of two factors. First, governments lack the financial and political commitment to monitoring and evaluation - data from which would inform decision-makers about the potential efficiency and effectiveness of provider agencies presenting their services for contract. In addition, these authors observe that the restricted budgets within which public sector purchasers operate precludes their investing in the development of a pool or an adequate supply of suitable providers - a necessary prerequisite for competition within the context of outsourcing.

While competition within the context of purchasing services might well be stymied by a range of factors associated with the purchasing side of the contractual equation, the literature also identifies a number of barriers for providers who might otherwise enter the supply side of this equation. In their study of the impact of Compulsive Competitive Tendering throughout the U.K., Patterson and Pinch (1995) noted a range of situations that precluded providers from putting themselves forward as deliverers of contracted public services. Where contracts required services to be delivered in a range of geographical areas and the design of such services had to vary to meet local requirements, many providers were unable to meet the demands of multiple start-up costs, while others preferred to deliver standardised services - a preference which gave them a competitive edge, but failed to meet localised needs. Small-value contracts were found to be only of interest to smaller provider organisations, however this group of providers were sometimes not in a position to meet the transaction costs of

presenting a service proposal. Other providers were somewhat risk averse, choosing not to enter the supply pool as many found that public contracts were associated with fixed payments - a situation which did not take into account fluctuating costs which often occur during the course of the term of the contract. Still other providers resisted entering contractual relationships with public sector funders because of the length of such contracts. For some, short contracts precluded any guarantee of service continuity, while for others, longer contract lengths meant they were locked into certain levels of payment when inevitably the actual cost of delivering such services increased during the term of the contract. The explicit contract specifications and administrative demands of contract monitoring were detracting aspects for less established and more inexperienced providers; and it was also this group that felt unable to effectively compete with those who had had considerable experience with and knowledge about public sector contracts.

3.3 Agency Theory and Indirect Government – An Evaluative Perspective On this Theoretical Model

Institutional economics and the theories that inform that discipline had a considerable influence on the reforms of New Zealand's core public sector (Grimes et al., 2001:95; Scott, 2001:26). While a multitude of other models emanating from this discipline informed those responsible for the reforms, the focus here is on one of those models, agency theory – a theory which a number of writers believe was central to the reforms of the core public sector in New Zealand (Treasury, 1987; Hay, 2001:135). This theory helps those concerned with institutional arrangements to think about relationships that involve a commissioning party, the principal, engaging another, an agent, to perform a service on their behalf. The notion of agency is present when the relationship between the parties involves delegation and discretion (Jensen and Meckling, 1976; Bamberg and Spremann, 1987:465; Boston, 1991:4; Scott, 2001:33). For example, agency can be present in many forms of social, economic and political life, and more particularly it can be viewed as a special form of contract (Alchian and Demsetz, 1972; Greer, 1994:2).³⁵

Many writers maintain that the agency relationship inherent in many forms of indirect government, has the potential to realize multiple benefits for those responsible for the provision

³⁵ MacNeil's (1974) 'relational' contract and Williamson's (1979) 'idiosyncratic' contract, for example, would include agency features.

of public services – benefits such as enhancing the effectiveness of decisions based on good information (Bennett and Ferlie, 1996); promoting transparency and accountability in the public sector (Lendrum, 1998); and aligning multiple organizations for the achievement of public sector goals (Matheson, 1997:174). Yet despite such potential Minogue (2000) contends that “it is virtually impossible to find rigorous evidence or evaluation of the impact (of this theory) ...on public services...;” and one explanation for this state of affairs could be the apparent lack of political and managerial support in both New Zealand and elsewhere for evaluations of public service effectiveness (Council of State Governments, 1987:115; Patti, 1987:9; Washington, 1999; Kibblewhite, 2000:13; Campbell, 2002:244; OECD, 2002:62).

Desautels (1997:72,75) writes:

...evaluation offers one important way of getting at the bottom line of many government programs, ...(it is) a means to support management for results, better informed resource allocation decisions and meaningful accountability within government and to parliament.

Other commentators extol the potential of evaluation as a means of not only enhancing the integrity and accuracy of decision-making in the public sector, but also as a means of focusing public service activities on outcome achievement (Wholey, 1983:130; Canadian Comprehensive Auditing Foundation, 1987:48; Chelimsky, 1995; Weisner, 1997:195).³⁶ Kibblewhite (2000:13) adds that in addition to the utilization of evaluation, a public sector’s outcome-orientated management system would need to be supported by a conceptual framework that focuses on the attainment of goals prioritized by government; policy advice and programmatic implementation strategies that are corroborated by sound theories and/or empirically-based evidence; and an information system that is rational and has utility for those who make ‘public interest’ decisions (Winberg, 1990:160).

Barrow (1996:265) draws our attention to the fact that agency theory may “...provide a possible framework for thinking about the provision of public services and evaluating their effectiveness.” In the context of indirect government, government agencies are confronted with finding ways to manage the performance of services they do not deliver. Agency theorists warn that in such circumstances the problem of asymmetric information (that is, where

³⁶ Wholey (1983:130) maintains that if and when the public sector “becomes serious” about outcome achievement, the demand for trained evaluators will escalate. He states that there are a range of evaluative approaches (evaluability assessments, outcome monitoring, interrupted time-series, qualitative studies of programme effectiveness) that would support management for results.

principals have insufficient knowledge concerning the agents' activities and/or there is a degree of immeasurability about the agents' behaviour and the outcomes from services delivered) has the potential to adversely effect outcomes (Boston, 1991:5; Althaus, 1997:141).³⁷ Using an agency framework, the following sections examine aspects of and issues with the management of the indirect provision of public services from an outcome orientation.

3.3.1 Achieving Results by way of Pre-contractual Planning and Assessment

Defining and Articulating Public Sector Goals within Agency Relationships

Public agencies charged with the responsibility of administering public funds have a duty to ensure that such resources are used in a manner that is consistent with the public purpose (Kettl, 2002:500). From this point of view therefore, commentators maintain that the goals of the government-funding agent must be given priority over those of the private provider – a priority derived from their responsibility for achieving value-for-money from public finances (Lourie, 1979:23; Althaus, 1997:150).

Whether public goals do indeed guide private services purchased to further the public purpose is a mute point. On the one hand some writers observe that non-government providers are increasingly tailoring their services to meet the objectives of state sector funders – the so-called 'public agent model.' Here providers are predominantly "policy takers" and there is congruence between the goals sought by the contractual parties (Considine, 1990; Smith and Lipsky, 1993; Laffin, 1996:53).

On the other hand, other writers note that providers may be "policy makers" – for example, they advance their own purposes and interests in situations where there is little or no competition; or where the nature of their goals may shift and change to simultaneously satisfy the different requirements of the multiple funding bodies for whom they deliver services (Lourie, 1979:21; Mason, 1984:44; Kettl, 1993; Barrow, 1996; Laffin, 1996:53). In these examples the goals of the purchaser and the provider may diverge – a divergence that may either heighten the potential for opportunistic behaviour; or dilute the strength of a treatment regime designed for a particular target group; or make an evaluation of effectiveness a somewhat non-productive exercise (Rutman, 1980:49-50; Althaus, 1997:141).

³⁷ The literature notes three problems arising from asymmetric information – goal divergence, adverse selection and moral hazard.

In order to counter such barriers to the evaluation and achievement of public sector goals government managers need to adopt a range of strategies. Kettl (2002:500) suggests the need to clarify the political intent of governments; and Rossi et al. (1979:58) add that this can be achieved by identifying the problem areas of significance to government, the societal standards which have yet to be reached, and then delineate public sector goals that when achieved will close the gap between that mandated end-state and what is observed in reality.

Next the broad goals enunciated by governments must be translated into clear programmatic objectives. Such clarity not only provides direction, accountability and an orientation to outcome, but also curbs discretionary programme administration whereby local agencies “use programme funds for their *own* particular goals (Rutman, 1980:49-50; Howard, 1991:267; Volker, 1996:151; Scott, 2001:5). Commentators argue that not only should objectives have clarity, but also they should be realistic. For example, Downs and Larkey (1986:3) believe that often public sector goals are articulated on the basis of “what *should* be done” rather than what *can* be done.” Hence, Kibblewhite (2000:14) advises public managers to develop goals in the light of what can legitimately be expected from the management and delivery of indirect services, particularly since such activities are undertaken in the face of numerous difficulties and multiple complexities.

Finally, commentators advocate a collaborative approach to the establishment of objectives – an approach that involves policy makers, managers, practitioners and interest groups working together to reach a consensus about the number and content of service objectives. Such a collaborative approach appears to mitigate a number of performance management difficulties such as a mismatch between service objectives and perceived needs or problems; a failure to align service objectives with government priorities; and setting objectives that are unattainable in the light of financial and human resource constraints (Rutman, 1980:37; Wholey, 1983:16; Winberg, 1990:160; Kettl, 2002).

Results-Orientated Decisions to Contract

Ideally decisions to contract non-government providers to deliver public services would be underpinned by a range of objective criteria which linked the inputs, activities and outputs to the results required by government and thus ameliorate the identified socio-economic need (De Hoog, 1985, 433; Pollitt et al., 2002:9). Yet a range of empirical studies in the United States, Britain and New Zealand found that there was no such *consistent* rationale underpinning

purchasing decisions. Instead the studies found that a *range* of factors influenced purchasing decisions. These included:

- Political and community pressure to outsource, even when local purchasers assessed that provider services were either unnecessary or unsatisfactory;
- The presence and availability of capable providers within the community;
- Cost savings made, for example, by reducing the size of bureaucracies or by taking advantage of the private contributions that supplemented the state funding of private services;
- Productivity considerations, that is to meet the increasing demand for services;
- The influence of traditional relationships between the public and private sector organizations;
- Situations where the capability or practicability (for example, services delivered outside regular work hours) of providing direct services were absent;
- Policies that favoured enhancing the cooperative nature of the public and private sectors; and,
- A viewpoint that private providers deliver higher quality and more effective services than their public counterparts (Booz-Allen and Hamilton, 1969; Wedel, 1974; Benton et al., 1978; Pacific Consultants, 1979; American Public Welfare Association (APWA), 1981; Judge and Smith, 1983:230; De Hoog, 1985:447; Briggs and Campbell, 2001:8; Campbell, 2002:244).

Overall these reported influences on state administrators' decisions to procure services are based on the decision-makers' beliefs and prejudices, historical patterns of service provision and responses to circumstances outside their control. They fail to make an explicit and logical link between the delivery of such services and furthering public sector goals; and while philosophically enhanced service quality and effectiveness is laudable, some studies report that such factors were never meaningfully operationalized (Pacific Consultants, 1979; Campbell, 2002:258). With much the same view, Duncan (1997:77) observed that "Government does have a strategic view for the social services," but that vision has not been realized because "the practical (and) financial commitment does not appear to have followed."

More generally, some commentators observe that there is an absence of analysis informing government decisions about procurement (Judge and Smith, 1983:230-231; De Hoog, 1985:444; Downs and Larkey, 1986:145). De Hoog (1985:447) believes that, in part, the

problem is exacerbated by the fact that decision-makers continue to rely on the cost and service information supplied by providers and that monitoring information is either not available to inform procurement decisions, or when it is available it lacks objectivity and robustness.³⁸ This view seems to be supported by Ghere's study, which found that agencies placed less emphasis on management practices associated with service quality (that is, analysis of need; programme development; enhancing staff's professionalism; evaluation of programme performance) when services were purchased from the private sector, compared to such practices when services were delivered in-house (Ghere, 1981:69,75). Alternatively, Dorwart et al. (1986:877-878) argue that rather than deficiencies in management practices associated with procurement, it is the conflicting goals of this service delivery mechanism that confounds aspirations of enhancing service quality. They point to conflicting goals such as encouraging competition whilst advocating continuity of care; and promoting innovation whilst imposing mechanisms to ensure accountability.

Whatever the reasons for this lack of emphasis on fact-based information concerning quality and effectiveness, it is not administrative, fiscal or political considerations that will necessarily contribute to the desired results accruing from procurement decisions. Rather it is the decision-makers utilization of pertinent results-focused indicators and standards that are most likely to foster an outcome-orientated assessment and increase accountability (Walters, 1997; Holzer et al., 1998; Berman and Wang, 2000; Controller and Auditor-General, 2001:17).

Performance Information for the Purchaser's Assessment of Equity, Capacity and Capability – Evaluative Insights Concerning Inputs - Input information concerns the financial, human and physical resources that are critical to producing a service (OECD, 1996:158; Rossi et al., 1999:111; Controller and Auditor-General, 2001:12). For example, inputs might include funding, staff (number, characteristics, competence), clients, facilities (geographically, physically and aesthetically appropriate) and equipment (a range of equipment to facilitate multiple styles of service delivery) (Kettner and Martin, 1993:66). This information feeds directly into an assessment of the agencies' capability to deliver services to further the public intent and the equity with which state sector clients access publicly-funded services (Scott, 2001:211-212; Stanton, 2002:400-401).

³⁸ In Agency Theory this situation is referred to as 'adverse selection' or 'hidden information' where the principal is unable to verify the agent's claims of skill and attribute (Arrow, 1985; Althaus, 1997:141).

A 1999 report of the New Zealand Controller and Auditor-General notes, that despite measurement difficulties, assessing organizational capability is central to achieving public sector goals. Furthermore, such an assessment needs to take account of the context and purpose of the services under examination. Macpherson (2001:14) recognizes the critical importance of assessing the human resource capability within the context of delivering human services since he estimates that such resources “account for more than 75 percent of overall costs, and ...human assets directly affect performance.” Jansson (1979:363) also emphasizes the importance of assessing organizational capabilities. For instance, he stresses that ‘public officials must know whether an organization possesses the capabilities to oversee, monitor and properly account for expenditures ...’ to ensure that those contracted use public funds in a way that is consistent with the public intent.

While an analysis of the proposed services’ organizational support systems and the financial, physical and human resources are pertinent to the eventual outcomes sought of contracted agents, so too is the clarity with which public purchasers define the extent of the target population for whom the programme will be accessible. Stewart and Ranson (1994:58) believe that definitions of this type are peculiar to the public domain and express the “value of equity in meeting needs that cannot even be expressed in the market.” Le Grand and Barlett (1993:32) add that defining the target population provides some assurance that purchasers and providers will not exclude the more difficult and expensive clients – the notion of ‘cream-skimming’ –and instead they will reach those most in need, thereby achieving equity.

The first step in the development of criteria with which to define and select the population to be targeted for a public service, is to gather “... information on the nature, scope, incidence and prevalence ...” of the problem to be addressed (Rossi et al., 1979:84). Information of this type is gathered via a needs assessment.³⁹

Frequently, limited resources will require decision-makers to select from the total population with the identified need or problem of interest, a number of individuals for whom the programme or service can be made available. Rossi et al., (1979:91 and 118) recommend that the characteristics of those to be selected for programme participation, and the means with which such characteristics are measured, be precise. Such precision has a number of

³⁹ Methods for conducting needs assessments are readily available in a number of publications (Piqero, 1998:80; Brotherhood of St. Laurence, 1995:6; Owen, 1993:158-163; Rossi et al., 1999:119-152).

advantages. First, it enhances the expediency of selecting eligible from ineligible individuals. Second, and more importantly, target group characteristics need to be selected and defined on the basis "... of knowledge from previous research and practice" (that is, those most likely to benefit from the service designed to address the identified problem). And all this information needs to be considered in conjunction with information about the number of individuals that can be provided service within the limitations of the budget allocated.

The Purchaser's Assessment of the Logic of the Intervention – Insights Concerning the Content and Delivery of Service - The appropriate selection of inputs is not the only aspect of programme design that impacts significantly on the effectiveness with which a service produces the desired outcomes. The selection of an intervention model that is appropriate to the mitigation of the identified problem has a crucial contribution to the achievement of desired public sector outcomes. Many writers observe that the causal theories underpinning many public sector services "are far from robust" (Rutman, 1980:54-57 and 83; Austin et al., 1982:46; Poertner and Rapp, 1985:65-66; Downs and Larkey, 1986:85,133; Owen, 1993:147-150; Chapman, 1995:18; McGuire, 1997:114-115; Controller and Auditor-General, 2001:52). While some commentators suggest that this deficiency might well derive from the difficulties in some sectors of linking services provided with stated outcomes, they are adamant that such links should be explained even if a lack of empirical evidence necessitates a qualitative explanation (Chapman, 1995:20; Controller and Auditor-General, 1999:46 and 2000:105). In this context, Rutman (1980:19) points out that without defining programme processes and linking these to the outcomes, it is "... impossible to determine the type of intervention that produced the measured results." In a similar vein, Austin et al., (1982:46) caution that "... (w)ithout specifying the logic and assumptions that underlie the treatment program and what (the) treatment is intended to accomplish, it is likely that people will be measuring things that have little likelihood of being changed by the services offered."

3.3.2 Measuring Results by Way of Contract Monitoring and Evaluation

A significant feature of the contracting systems adopted under the NPM is the measurement of performance. Proponents of contracting out have argued that the associated use of performance monitoring systems is one of the paramount benefits of adopting this tool of government (OECD, 1996:34, 41). Yet despite such claims, Kelman (2002:306) reports that unless specific performance measures are adopted within a monitoring framework government

contractors will not be able to assess whether the providing agent is performing optimally or “shirking ...a lack of effort on the part of the agent” (Althaus, 1997:141).⁴⁰

Typically monitoring may focus on one or more of the following aspects of service delivery - compliance with fiscal, operational, professional and programmatic standards (including problem identification and reviews to ensure that corrective action was taken); gathering information to guide future planning; and programme evaluation - and involve accountabilities to the public, the funding organization and the client group. Ideally such monitoring would involve both the use of indicators to signal whether performance is on target, and programme evaluation involving an in-depth assessment of performance (OECD, 1996:34; Pollitt et al., 2002). Bachman (1996:839) observes that more often than not, the structure and processes of the agent’s service delivery receive more attention than their programme’s outcomes in contract monitoring, while Gain (1994:15) contends that optimally a mix of process and results monitoring should be undertaken. Monitoring of process and structure can take a number of forms including licensing, practitioner and/or service accreditation, auditing, regular reporting, site visits, and consumer review processes; while outcomes monitoring might include an examination of measures such as client functional status at programme completion, levels of service utilization, average length of stay, recidivism, and/or evidence of goal-orientated treatment (Franklin and White, 1975; Mueller, 1979:51-52; Gibelman et al., 1983; Kettner and Martin, 1985; Tatara and Pettiford, 1989:333; Keating, 1990; Gain, 1994:13; Bachman, 1996:839).

While Bachman (1996) and others (Tatara and Pettiford, 1989) have reported the existence of monitoring systems amongst public social service agencies surveyed, many other commentators have expressed concern that monitoring practices more generally are both inadequate and under-developed - especially those aspects related to the evaluation of the effectiveness of purchased services (Benton et al., 1978; Pacific Consultants, 1979; Comptroller General of U.S., 1980; Ghore, 1981; Wedel, 1983; Domberger, 1998:165; Controller and Auditor-General, 1999; DeHoog et al., 2002:331). This concern seems all the more intense for while public agencies can acceptably delegate service delivery to other sectors, it cannot abdicate its responsibilities for ensuring the appropriate use of public funds, nor relinquish the requirements to be accountable to the government and the public interest; and in some quarters

⁴⁰ Arrow (1985) uses the term ‘moral hazard’ to describe the agent’s hidden actions – actions which are either not able to be observed or are only imperfectly observed.

there is the perception that inadequate monitoring systems signal a shift of responsibility and control to the provider, rather than remaining with the purchaser - a problem identified in agency theory (Lourie,1978:21; Massachusetts Taxpayers Foundation Inc., 1980; Kettner and Martin,1985:21; Gain,1994:11 & 34; Domberger, 1998:171).

The reasons presented in the literature for the less than optimal contract monitoring mechanisms are multiple and varied. Campbell (2002:244) and Kettner and Martin (1985) contend that providers might withhold information about their services' activities for fear of loosing future funding. Others believe that providers might be defensive about meeting the state's accountability requirements because there is a lack of clarity about what is required of them (Mueller, 1979:53; Kettner and Martin, 1985; Gain,1994:12; Domberger, 1998:166). They maintain that the purchaser's expectations should be unambiguously expressed either in the terms of the contract, or in the programme policies and guidelines associated with the contractual arrangement - hence the advantage of cooperative relationships between the contractual parties. Bachman (1996:840) argues that resource constraints have further compounded the inadequacy of monitoring systems - that is, few have been employed to monitor contract compliance and service quality; and furthermore, limited effort has been made to develop adequate measures with which to assess service outcome. Others take this point further with their recognition that contract monitoring and programme evaluation require specialist skills - skills encompassing both programme knowledge and contract management expertise (Gibelman et al., 1983:25; de Lancer Julnes et al., 2001:695). The problem here as Althaus (1997:152) and Stewart and Ranson (1994:68) note is that without such integration of professional and managerial knowledge, the programmatic expertise lies with the implementation agent - the provider - and feedback about the effectiveness or otherwise of the policy strategy maybe somewhat thwarted.

This chapter has reviewed some ideological, theoretical and evaluative perspectives on 'managing for results' via indirect government. Now the task is to come to grips with the notions of 'managing for results,' 'public sector performance,' and 'fostering outcomes.' This then is the subject of the next chapter – an analysis of the dilemmas confronting public sector administrators concerning the definition and measurement of performance.

Chapter 4: Performance – Definitions, Measurement and Utilization within the Public Sector

4.1 Coming to Grips with the Meaning of Performance

Finding a consensus in the literature concerning the meaning of performance within the public sector arena is a difficult task. Mauhood (1997:140) describes performance as “an elusive concept,” while others acknowledge that there are a multitude of meanings, applications and viewpoints concerning this word (Downs and Larkey, 1986:9; Canadian Comprehensive Auditing Foundation Board of Governors, 1987:20; Paul, 1989:5; Carter, 1991:91). From a generic perspective, performance within the context of the public sector can be regarded as synonymous with the achievement of planned results (Drucker, 1990:82; Shand and Arnberg, 1996:15; McGuire, 1997:107); and such results have typically been assessed in terms of three sub-elements of the performance of a public policy and/or programme - economy, efficiency and effectiveness (Pollitt et al., 2002:12).⁴¹ Paul (1989:5) contends that while there is considerable consistency with respect to a definition of economy, there is a “definitional crisis” with respect to the notions of efficiency and effectiveness.⁴² Indeed, this observation is reflected across the evaluation and public policy literature. For example, an economic programme or policy is typically defined as one that acquires inputs or resources of an appropriate standard at the lowest cost (Rutman, 1980:18; Butt and Palmer, 1985:10; Paul, 1989:5).

Definitions of efficiency, on the other hand, at times focus variously on expediency - “a focus on minimum inputs” (Katz, 1979:96); on organizational ability - “how well has the program been implemented ...” (Volker, 1996:157); or, on a ratio measure that encompasses the transformation of resources to results, with either an emphasis on outputs⁴³ - “... the extent to which program inputs are minimized for a given level of program outputs, or to which outputs are maximized for a given level of inputs” (DOF, 1989:24) - and/or an emphasis on outcomes - “... the relative cost of achieving positive impacts via the program under consideration” (Owen, 1993:122).

⁴¹ The literature also refers to the notion of ‘value-for-money’, a term which Butt and Palmer (1985:10) describe as a colloquialism that also refers to economy, efficiency and effectiveness.

⁴² Carter (1991:91) also comments on the difficulties associated with defining efficiency and effectiveness, which he attributes to “the conceptual and technical complexity of measuring effectiveness.”

⁴³ Butt and Palmer (1985:10 and 12) and Rutman (1980:18) also equate efficiency with a ratio measurement of output to input; while Paul (1989:5) contends that efficiency measures can relate inputs to either outputs or outcomes.

Other writers provide somewhat more detailed understandings of the notion of efficiency.

Dalton and Dalton (1988:22-27) distinguish managerial efficiency from economic efficiency - the former being “a ratio measure relating outputs to input”, while the latter relies on the Pareto criterion which defines an economic state as efficient when “it is not possible to change the state and have someone better off and no one worse off.” Downs and Larkey (1986:6-7), whilst discussing the meaning of public sector productivity, classify efficiency into three types - technical efficiency (the ratio of outputs to inputs), instrumental efficiency (“...manipulating inputs to achieve a given output”), and allocative efficiency (“the extent to which production processes approximate supply and demand conditions in the market place”).

The meanings associated with the notion of effectiveness seem no less diverse than those associated with efficiency. The literature identifies at least three overarching types of effectiveness - social effectiveness, organizational effectiveness and programme effectiveness (Canadian Comprehensive Auditing Foundation Board of Governors, 1987:21; Patti, 1987:8; Dalton and Dalton, 1988:25). Social effectiveness is concerned with the achievement of social outcomes. Organizational effectiveness encompasses and measures the contribution that employee motivation, development and participation make in achieving results (Argyris, 1964); together with such factors as an integrated managerial direction, an appropriate working environment and transparent accountability processes (Canadian Comprehensive Auditing Foundation Board of Governors, 1987,22-23). Programme effectiveness is the degree to which the programme’s actual outputs and/or outcomes achieve the programme’s planned goals (Katz, 1979: 96; Rutman, 1980:18; Austin et al., 1982:22; Butt and Palmer, 1985:10; Downs and Larkey, 1986:7; Paul, 1989:6; Howard, 1991:264; Owen, 1993:122; Industry Commission, 1996; Volker, 1996:156).

As well as these overarching meanings of effectiveness, commentators also describe a number of attributes comprising this notion - some of which appear particularly pertinent to the delivery of public, as opposed to private services. The first of these attributes is service *quality*⁴⁴ (Donald, 1993; Bartos, 1995) - a term which McGuire (1997:109) contends is more than an assurance of quality via, for example, an accreditation process. In her words, “... certification does not guarantee effectiveness of service outcome.” Rather she maintains it is a management

⁴⁴ Butt and Palmer (1985: 11-12) appear to associate quality with the economy of a service. They write: “There are two aspects of establishing economical services: quality and cost. Quality of materials may be set out in ... professional guidelines. ... Once quality of resources has been established, management need to ensure that they are obtained at minimum ... cost.”

strategy that aims to produce “reliable” client “outcomes”. Trosa (1996:265) and Shand and Arnberg (1996:23-25) maintain that distinctions such as these have added to the confusion concerning a clear definition of service quality. They observe that in some contexts ‘quality’ is understood as “... akin to overall service effectiveness,” or *service outcomes*, while in other contexts the focus is somewhat narrower covering components of *service delivery*, such as timeliness, continuity or availability and accessibility. These many understandings of the notion of quality are also observed by Katz (1979:99). He describes three principal orientations to the notion of quality - *structural*, which examines programme inputs such as training, manpower, qualifications, materials, resources, time, administrative practices; *process*, which appears to relate to the degree to which a programme conforms to professionally-designed standards; and *outcomes* or “...the impact of services on the consumer.”⁴⁵

To add to the complexity of reaching a common understanding of service quality, especially in relation to intangible professional services, is the fact that such services involve co-production and an interaction between clients and providers - both of which impact significantly on the overall performance of a service (McGuire, 1997:110); and moreover, the multiple stakeholders (client, provider, purchaser etc.) may have different perspectives concerning what constitutes a quality service (McGuire, 1997:108).

Appropriateness is a second aspect of effectiveness sometimes noted in the literature. While Arnberg (1996:218) appears to equate the appropriateness of a service with service quality and therefore focuses our attention on service delivery or process (including factors such as timeliness, accessibility, right quantity) - factors he maintains are of interest to service users - other commentators understand this attribute in broader terms. From this perspective, appropriateness is a performance element that measures the degree to which a programme addresses the need or problem it was designed to address (Canadian Comprehensive Auditing Foundation Board of Governors, 1987:22; Paul, 1989:6; Owen, 1993:122; Shand and Arnberg, 1996:24; Volker, 1996:157).

Shand and Arnberg (1996:26-27) observe that for most OECD countries, the emphasis of their quality initiatives has been placed on process issues and that the *appropriate* mix of ‘inputs, quality components and outputs’ with which to achieve the desired programme impacts has

⁴⁵ Katz (1979:100) maintains that the structural aspects of quality have been emphasized, whilst process and outcome aspects of quality appear to have been neglected.

been somewhat neglected. Stewart (1993) agrees and warns that unless service components are appropriate in terms of government policy objectives “the outcomes may not be realized, and services may be less, rather than more responsive to clients.”

This notion of *responsiveness* also adds to the complexity of any attempt to definitively understand and operationalize the concept of appropriateness. For example, as noted above, Stewart (1993) refers to the responsiveness of services from the perspective of achieving policy objectives - a somewhat strategic perspective. The Canadian Comprehensive Auditing Foundation Board of Governors (1987:23) view responsivity in terms of a service's ability to successfully adapt and manage changing circumstances - an organizational perspective. In contrast, a 1987 OECD Public Management Service publication adopts a much more client-focused approach to unraveling and understanding the exact nature of a responsive service. For these commentators and others (Shand and Arnberg, 1996:18 and 23), a responsive service would ideally inform clients about the exact nature of the content, delivery and administrative processes associated with a particular service, and provide the means for client redress should their expectations not be met; involve clients in decisions about service development and delivery; be accessible both in terms of the physical environment in which the service is delivered as well as accessible in terms of the way services are presented to maximize the participation of all appropriate community members;⁴⁶ and, most importantly, a responsive service needs to recognize the diversity of client needs and as far as possible provide varying methods of delivery and programme content to avoid the difficulties that arise when ‘one-size-fits-all’ services are offered.

In sum, the only comment that can be made with any degree of confidence about the notion of public sector performance, is that it is a multidimensional concept - a concept which is associated with a variety of meanings of which there is little consensus in the literature. Be that as it may, Alford (1993:144) warns that the public service has an obligation to measure more than efficiency. It must measure performance in a variety of ways that will be of value to the

⁴⁶ Brudney and Morgan (1988:166) and others (Deming, 1986:198-9; Davidson et al., 1991:390; Wholey et al., 1992:605; Kettl, 1994) note that those responsible for delivering public sector services have an obligation to incorporate equity and social justice indicators into an overall assessment of a service's achievement of performance objectives. Without the inclusion of such indicators, they warn that service providers are apt to ‘cream’ clients to ensure that they “work with those who are most likely to make the quickest and most effective use of the given service.”

public, and these ways will include a range of measures including those related to equity, quality and effectiveness.

4.2 Methods of Performance Measurement

A 1996 OECD publication states that performance information is derived either from the use of performance indicators – outcomes to measure effectiveness; outputs to measure efficiency; and, accessibility, continuity, accuracy and timeliness etc. to measure quality – and evaluation, which might focus on whether a programme has met its objectives; the cause-and-effect relationship between programmatic elements; and the reasons for a particular level of performance. While the former provides information about whether a programme is on target or moving in the right direction, the latter feeds decisions about continuance, termination or expansion (OECD, 1996:103-104).

Volker (1996:152) and others note that there are five main types of performance assessment processes. These include parliamentary scrutiny information and processes; internal audit and review procedures; external audit and review procedures;⁴⁷ regular performance monitoring by line managers; and programme and policy evaluation. While Atkin (1996:142) advocates the use of external review approaches to the assessment of performance (maintaining that such an approach not only “creates pressure for improved performance by service providers,” but also enhances accountability, responsiveness to clients, compliance, and the quality of policy-makers decisions), and Shand and Arnberg (1996:36) point out that this approach is especially useful where there is no competition in service delivery; Winberg (1996:157) prefers a mixed approach using both internal and external review processes because “... continuous improvement of service delivery depends on a participative and preventative approach that blends the knowledge and skills of the experienced provider with that of the professional evaluator.”

Against these views, Volker (1996:156) and Sedgeewick (1993) point out that one of the main advantages of utilizing a more formal evaluation approach to performance measurement, is that such a formal and systematized approach, assists with shifting the mindset of many in the public sector from a belief that policy and programmatic decisions can be made just as

⁴⁷ Examples of independent external review agencies include the Office of Standards in Education (OFSTED) in the United Kingdom and the Education Review Office (ERO) in New Zealand.

adequately using “anecdotes and vague impressions” about performance, as when information is gleaned from the more rigorous evaluative approaches.

4.3 Dilemmas in Measuring Public Sector Performance

Multiple Stakeholder Interests - While in the private sector there is a considerable degree of consensus concerning what indeed constitutes good performance - for example, profitability, market share, debt-equity ratio - (Patti, 1987:11), in the public sector there appears, from the analysis above, to be numerous and conflicting views concerning how to determine whether the performance of a policy or programme is adequate and meets expectations. According to a number of commentators, part of the difficulty lies in the fact that in the public sector there are multiple interest groups involved in the development, delivery and impact of services and programmes (Whetten, 1978; Austin et al., 1982:10-11; Downs and Larkey, 1986:8; Canadian Comprehensive Auditing Foundation Board of Governors, 1987:48; Dalton and Dalton, 1988:25; Shand and Arnberg, 1996:27-29; Volker, 1996:157; Mauhood, 1997:140; McGuire, 1997:112; Wiesner, 1997:194; Berman and Wang, 2000:409). For example, Arnberg (1996:218) notes at least four public service interest groups, each of which appear to focus on a different measure of performance. He argues that citizens are principally interested in measures of cost-effectiveness; taxpayers are interested in efficiency measures; service users are interested in measures of service appropriateness; and politicians are interested in measures of social impact and social growth. McGuire (1997:25 and 114) and Mauhood (1997:140) note that also within these larger groups multiple attitudes and opinions abound concerning which public service goals should be addressed; what in fact does serve the public interest; and how the results of such remedies should be interpreted.⁴⁸

In addition there are other dichotomies of interest noted in the arena of the public provision of services. Dalton and Dalton (1988:25) note that such provision is more concerned with the political interests of the time and the associated perceived *needs* of those effected by such interests, rather than the *wants* of the service users;⁴⁹ Volker (1996:157) observes that while

⁴⁸ While the focus of this discussion has considered some of the wider interest groups associated with public service provision, Austin et al. (1982:10-11) draw our attention to a variety of other interested parties (workers, supervisors, administrators, Board members) within service provider agencies - all of whom may well have differing opinions about defining and measuring performance.

⁴⁹ In her analysis of New Zealand's Community Funding Agency, Higgins (1997:6) notes that the purchasers are also “powerfully placed to enforce its own interpretation of a particular need as authoritative. This may mean a loss of funding for work that involves alternative ideas about the requirements for need satisfaction.”

policy makers are interested in the long-term impacts on selected policy objectives, service managers are much more interested in the immediate efficiencies, processes and outputs involved in service delivery.

While recognizing that there are multiple interests in and views about public sector performance, and that ideally the parties will “search for benefits based on agreed requirements” (Lendrum, 1998:230), it may be fair to conclude that governments need to take a steering role to ensure that public services are effective. This will involve taking responsibility for ensuring that outcome specification is clear, and from such clarity government decisions about which interests need to be prioritized and measured will take on a degree of rationality. Inevitably, not all interest groups will be satisfied and the interests of some groups will have to be prioritized over others (Shand and Arnberg, 1996:29). Such prioritizing, as difficult as it is, is necessary if the public sector is to seriously take up the challenge of shifting to an outcome orientation.

The Requirement for Multiple Measures and the Adoption of an Outcome Orientation to Public Sector Performance Measurement – Commentators observe that few government agencies in America focus on quality and outcome performance measures (Katz, 1979:99; Terrell and Kramer, 1984:35; Poertner and Rapp, 1985:57; Howard, 1991; Wholey and Hatry, 1992:605; Carter and Greer, 1993; Desautels, 1997:73; Mauhood, 1997:141). Seemingly, there is a tendency amongst public sector agencies (across a number of jurisdictions) and those contracted to work on their behalf, to emphasize and utilize efficiency and output measures. Crookston (1988:69) comments that there is a tendency to measure that which appears straight forward, rather than that which is salient; and there appears to be a perception that outcome measures are too difficult to develop (Mason, 1984:30; Berman and Wang, 2000:411). Even when writers observe agency use of measures of quality and effectiveness, the frequency of such use is considerably less than that of other performance measures (Hatry et al., 1990; Howard, 1991:273; Berman and Wang, 2000:412).⁵⁰ Moreover, quality-of-service measures, for example, are frequently not related to policy or programmatic objectives (Howard, 1991; Carter and Greer, 1993; McGuire, 1997). As Howard (1991:273), referring to the Australian

⁵⁰ For example, Berman and Wang (2000:412) investigated the frequency of use and type of performance measurement employed by a number of American County managers. They found that of the performance measures administered by Corrections agencies, for example, 65% were output measures, 43.7% were effectiveness measures, and 27.3% were service quality measures.

context, observes the operationalization of the reporting framework for effectiveness and quality-of-service data "... is still in its infancy."

While clearly the public sector needs to address the noted deficit in the development and operationalization of measures of quality and performance, Dalton and Dalton (1988:25) emphasize that such measures need to include, not only measures of service levels and quality and client satisfaction, but most importantly measures that indicate the degree of achievement of societal outcomes as defined by government. The development and operationalization of effectiveness measures should not, however, exclude the utilization of other measures commonly used within the public sector. Wholey and Hatry (1992:605), for example, note that a variety of measures will always be needed to meet the requirements of the many stakeholders involved and/or affected by the delivery of public services. Moreover, Austin et al., (1982:23 and 107) point out that measures of effort (or input), effectiveness and efficiency are intricately related, for example, effort and effectiveness data must be available before efficiency questions can be answered. These authors also believe that "(t)he future direction of accountability will most likely include a new emphasis on linking outcome or effectiveness measures *with* the process measures of productivity or cost ratios (Austin et al., 1982:107).

This discussion of the requirement for a variety of performance measures in the public sector would not be complete without reference to the notion of social equity - a term which Kelly (1980:83) describes as "... equal opportunity and service to the broader community." Brudrey and Morgan (1988:83) argue that in any assessment of government performance, "... it is important to elevate equity to equal status with efficiency and effectiveness ..." They propose that public agencies need to incorporate equity indicators into overall performance measurement, either by assessing pre-service the level of difficulty of clients' presenting problems or the degree to which agencies deliver their services to identified client groupings - groupings which they refer to as "the most 'needy' cases". Wholey and Hatry (1992:605) agree with Brudrey and Morgan's (1988) proposals suggesting likewise that service performance is monitored "for different client groups and different categories of work difficulty."

Moss, Kanter and Summers (1994, 222) note the complexity of the multiple measures of performance underpinning public sector goals and that at times they can appear "inconsistent, contradictory or incoherent." For example, Wilenski (1980) has demonstrated that equity and

efficiency objectives are ‘competing values’, and Patti (1987:14) and Shand and Arnberg (1996:34) demonstrate that improvements in service effectiveness often clash with efforts to enhance efficiencies. Despite these problems, Kirchoff (1977) suggests seeking a “balanced attainment of many goals” by developing the various performance goals and measures in relation to one another, and “by listing concrete observable objectives; defining the conditions under which these objectives can realistically be achieved; and the degree to which each objective should be satisfied (Campbell, 1977). In this way agencies preclude the eventuality of the achievement of one goal resulting in the others being placed in a position of “unacceptable risk.’

Barriers to Public Sector Performance Measurement Imposed by the Structure and Processes of Government - While the complexity and the comprehensive nature of performance measurement distinguishes this activity in the public sector from that of the private sector, there are also a number of other barriers associated with the structure and processes of government that complicate public sector performance measurement. First, Berman and Wang (2000:409) contend that performance measurement activities will not flourish in circumstances where there is little stakeholder support. In the New Zealand context, Chapman (1995:16 and 19) states that there are inadequate review and evaluation policies with which to assess whether any progress is being made towards desired outcomes. Moreover, Boston (1999) and Washington (1999) are of the view that evaluation is actively discouraged by Ministers - a situation somewhat contrary to that reported by Pollitt (1998:214-224) concerning the state of performance evaluation in European countries.

Second, Volker (1996:157) and Washington (1999) argue that the adequacy of effectiveness evaluation results may well be hampered by the way in which public sector organizations are structured. For example, outcome of a policy from one sector of the public service may to some degree be influenced by the operationalization of different policies originating from other sectors of the public service. In this context both Volker (1996:157) and Washington (1999) admit that any attempt to judge effectiveness may lead to inconclusive results.⁵¹ Volker (1996) further suggests that in these circumstances, evaluation of implementation integrity and / or a cost-effective study of the current setting may be the best line of action.

⁵¹ According to Gill (2000:10) and Downs and Larkey (1986:4) “...the influence of uncontrollable and frequently unknown external factors ...” is yet another possible cause contributing to the uncertainty of the impact of public sector programmes and services on identified societal problems.

Third, evaluators of public service outcomes must contend with the limited time horizons imposed on this sector. Downs and Larkey (1986:47-48) acknowledge that evaluations of the public sector performance are tied into the electoral cycle. Government officials require quick results in order to secure votes - a situation that precludes not only the implementation of adequate programmes to address long-standing social problems, but also precludes investment in longitudinal research to examine the outcomes of such programmes. Annual budget cycles, which impose tight deadlines on the achievement of results may also be a contributing limitation to the acquisition of data concerning long-term outcomes.

Fourth, the rapidly changing public service environment can also impact negatively on the execution of outcome research. Downs and Larkey (1986:137) point out that governments are constantly 'shifting their attention' - a situation which precludes comparative analysis of policy outcomes over time and moreover, makes a nonsense of evaluating the effectiveness of public programmes, when such a programme may well be replaced by another within a limited span of time. Patterson (1988:15) offers a final word on the implications for achieving outcome specification in the light of changing government priorities. He writes "(it is) fundamentally doubtful that program effectiveness measurement will ever be routinized ... If anything these measures will be even more 'politically' determined, rapidly changing and fuzzy..."

It is not only government priorities that change. Volker (1996:157) observes that public sector agencies carry out their business in a rapidly changing social and economic environment. Thus there is no guarantee that a programme with demonstrated effectiveness today will be suitable for circumstances as they may be in the future.

Resource Limitations Impacting on Performance Measurement - Resource constraints, both financial and human, also limit the monitoring and evaluation of public sector performance (Downs and Larkey, 1986:93; Wholey and Hatry, 1992:608; Bachman, 1996:839; Kettner and Martin, 1996:35; Mauhood, 1997:140; Washington, 1999; Berman and Wang, 2000:409; Scott, 2000:6). Washington (1999) and Aitken (1997:44) draw our attention to the limited evaluation capability within the public sector - a factor that both writers attribute, in part, to the inadequacy of training courses that focus on evaluative techniques. Moreover, Berman and Wang (2000:409) comment that technical capacity to collect and analyze data goes some way to explain the paucity of performance measurement within the public sector. As well as a lack of capacity, funding constraints also impinge on the public sector's ability to undertake

evaluation research. Wholey and Hatry (1982:608) however, argue that such financial issues can be mitigated to some extent by cost-cutting measures such as the utilization of existing data, the employment of random samples, and support for data collection and analysis tasks to be undertaken by agency personnel. Such involvement may well encourage those responsible for the delivery of public services to better understand, explain and communicate the results of their agencies' performances - involvement which may assist public service personnel or their agents to overcome the 'reporting fears' so often associated with performance evaluation.⁵²

General Methodological and Measurement Problems Impacting on Public Sector

Performance - Methodological and measurement problems have also been identified as hampering the measurement of public sector performance. Clear policy and programme goals are essential to any evaluation of effectiveness. Unfortunately, a number of researchers observe that such clarity is often absent within the context of the public service (Bachman, 1996:839; Volker, 1996:157; Washington, 1999). Moreover, Wholey (1983:15) observes that because "(g)overnment programs operate in complex political environments, pushed and pulled in many directions by legislative bodies and by a multitude of funding and regulatory organizations, ... and interest groups... conflicting or competing goals are often found even within the same organization."⁵³

Other impediments to measurement include a failure to specify the causal linkages between intervention activities and desired outcomes; and a failure to develop indicators which are valid and reliable in terms of the objectives sought (Wholey and Hatry, 1992:608; Washington, 1999; Tanner, 2001:7). Moreover, with respect to methodological issues, Washington (1999) and Volker (1996) acknowledge that legal mandates and ethical constraints often preclude the utilization of experimental designs in the evaluation of public service effectiveness; and, Wholey and Hatry (1992:608) and Carter (1987:83) warn that too often in the past evaluators have acted without consultation with managers and others responsible for decisions relating to public sector policies and programmes (including their development, purchase or enhancement) - an omission which may result in any information derived from performance evaluations lacking in utility for those people who are responsible for such decision making.

⁵² Bachman (1996:839), Kettner and Martin (1996:35) and Wholey and Hatry (1992:608) found that the main factors contributing to performance deficits were workload burdens and limited funding resources.

⁵³ A similar observation has been noted by Spice (1993:13) and Sharp (1994:9).

4.4 Performance Measurement – Selecting the Appropriate Focus and Measures

Focus - Contrary to the private sector performance model, which is driven to achieve operational efficiency, the emphasis of a performance model in the public sector is effectiveness (Colvard, 2000:80). Yet a 1996 OECD publication notes that the main type of performance measurement in New Zealand focuses on efficiency (OECD, 1996:27), which Stewart and Ranson (1994:69) describe as an assessment of costs and outputs. What is troublesome about this is that only that which gets specified and measured gets delivered (Williams, 1998:20; Erenstrom, 1999:62; Kelman, 2000:125); and while output measurement is of value to an assessment of work control, it is measures of effectiveness and impact that inform an assessment of value-for-money – measures which have received scant attention in the context of New Zealand's public management system (Controller and Auditor-General, 2000:111; Controller and Auditor-General, 2001:56). Erenstrom (1999:62) points out that measurement systems that focus on outputs are "likely to focus on past delivery." Kelman (2000) refers to this phenomenon as "after-the-fact accountability" and suggests that instead government organizations should be putting their performance efforts into "before-the-fact performance improvements." If this observation is accepted, then clearly performance indicators and measurement should focus on those aspects of service delivery that have potential, in the future, to contribute positively to the public intent and to avoid the risks associated with a failure to meet service objectives. As Short (1991:4) observes, unless "good measures of effectiveness" are utilized "great quantities of service could be delivered at high quality which however do not contribute to outcomes – and are therefore ineffective."

Measures - Therefore, with a focus on the future and the attainment of long-term results, measures need to be developed that consider a range of factors that have a logical link to the problem to be addressed (Fairweather et al., 1977:209). These factors might include the programme's vision; the target group; the desired outcomes for participants following service provision; the inputs and processes with which to deliver the outcomes; and the linkages between the outputs and outcomes (Austin et al., 1982:46-47; Carter, 1987:84-85; Kuechler et al., 1988:72; Macpherson, 2001:16). In order to avoid the misalignment of measures of accountability of interest to professionals (those who deliver the services) and public managers (those who are accountable to government), Wholey (1983:14) advises working with a range of stakeholders (policymakers, managers, providers etc.) to select indicators and measures with which to assess performance. Such involvement makes certain that the measures selected suit

the needs of those to whom the information is directed and thereby maximizes the potential usefulness of the results of performance measurement (Patton, 1978; Kuechler et al., 1988).

As well, there are other considerations for those involved in selecting performance indicators. First, they need to acknowledge the multiplicity of objectives underpinning all public sector programmes. For example, those pertaining to effectiveness would include measures related to objectives concerning impact, quality, accessibility, responsiveness and appropriateness. Second, performance measurement must be a comparative process involving targets, benchmarks (internal and/or external) or best practice (developed from empirical evidence) (Wholey, 1983:14; Aitken, 1996; Shand and Arnberg, 1996:36; Welsh et al., 1996:82; Funnell, 1997:5; Mauhood, 1997:142). As Trosa and Williams (1996) comment: "Benchmarking (standards) are about comparison and comparison is a driver of performance." Third, Wholey (1983:16) advises that indicators should be described in both quantitative and qualitative terms "... to capture the nuances of good program performance." Fourth, Velasquez et al., (1984) and others (Owen, 1993:126; Day and Klein, 1994; Campbell, 2002:237) advocate that all performance measures meet the four criteria – practical, credibility (reliable and valid), feasibility ('worth the effort to collect'), and utility (useful for stakeholders). Fifth, they should be "explicit, measurable, and communicated clearly to those who have an effect on performance" (Carter, 1987:78). Last, Day and Klein (1994) and Quayle et al., (1998) inform that there are always limitations associated with the selection and the use of performance measures. For example, the precise cause-and-effect relationship between the changes computed and the intervention delivered is far from definitive. Inputs from the wider social environment; significant life events; stages in developmental maturation; position in the change cycle (Prochaska and DiClemente, 1986); and, self-efficacy or a belief that change is possible (Bandura, 1978); are all factors, aside from the intervention, that might result in change. In addition, there are the limitations associated with the indicators and the assessment of performance. Recidivism, often used as an indicator of change, is regarded by Quayle et al. (1998:78) as an imprecise measure. These authors maintain that measures based on psychological variables provide more explicit results; and, in the light of our knowledge that different people can respond differently to a particular treatment, they suggest that stakeholders might keep in mind the question - "(w)hich treatment by whom, is the most effective for this individual, with that specific problem under which set of circumstances."

Despite the difficulties, the literature contains an adequate selection of possible measures from which stakeholders can seek direction, and apply to their own particular circumstances. Since the focus of this research project embraces the measurement and achievement of effectiveness, the following sections focus on the methodologies and measures of the same.

4.5 Aspects of Measuring Effectiveness

As with other goals associated with public sector performance, performance information related to effectiveness is complex, involving a range of building blocks – outcomes, outputs, quality and inputs – and concerned with answering questions about the results achieved by the service as well as the clients (Russ-Eft and Preskill, 2001:24).

Measurement of Outcome - Kettner and Martin (1993:68) and others (Austin et al., 1982:85; Kettner, Moroney and Martin, 1991) indicate that outcome- the results of services (Ministry of Research, Science and Technology, 1999:5) - can be categorized into intermediate and ultimate outcomes. Intermediate outcomes are those immediately observable and measurable following service completion - short term gains. Ultimate outcomes are those perceived and measured at some point during service follow-up - long term gains.⁵⁴

Poulin et al., (2000:518) suggest the development of outcome indicators be preceded by a review of stakeholders' definitions of success. These authors (2000:521) illustrate this process in a variety of sectors. For example, a definition of success for those exhibiting delinquent behaviour, might be "a reduction or elimination of substance abuse" and, this in turn may become an indicator for a successful outcome.

Measures of outcome noted in the literature are many and varied. These include:

- measures that demonstrated changes in a clients' functional status - for example, changes in behaviour, cognitions, skill levels and / or attitudes;
- measures that demonstrate changes in social status, for example, % of clients in employment;
- measures that demonstrate environmental modifications; and,

⁵⁴ An example of an intermediate outcome might be the percentage of clients who have stopped alcohol or drug abuse at the conclusion of the intervention; while an ultimate outcome might be the percentage of clients who have remained abstinent for 12 months following the intervention.

- measures that demonstrate the degree to which clients utilize the desired behaviours, attitudes etc., learnt during the intervention, for example, % of clients dealing appropriately with the presenting problem.(Austin et al., 1982:47 and 85; Butt and Palmer, 1985:58-59; Poertner and Rapp, 1985:61; Carter, 1987:76-77; Patti, 1987:8; Mayo, 1992:24; Wholey and Hatry, 1992:608; Bachman, 1996:839).

Such outcomes might be evaluated using one or other of a range of measuring techniques. These include research designs that use surveys; those that use pre- and post tests which compare the knowledge, attitudes, behaviours and/ or skills of an unserved group with those clients who received the intervention;⁵⁵ those that use time-series; and those that use statistical procedures such as survival analysis methods and multiple regression (Austin et al., 1982:86; Mason, 1984:33; Kleinbaum, 1996; Rossi et al., 1999).

Kuechler, Velasques and White (1988) suggest that designs which measure attitudinal, behavioural or other changes, might measure performance using one or other of three methods - numerical counts (number of clients whose change is directly attributable to the programme); standardized measures (psychometric instruments that have been tested for their reliability and validity with certain client populations); or level of functioning scales (instruments developed particularly for a defined target population participating in a particular programme). Moreover, Wholey and Hatry (1992:605), drawing on writings of other authors, suggest that performance monitoring systems should include a comparative aspect. They suggest a comparison of the results achieved in different geographical areas; or in different population sub-groups; or between previous and current performance; or a comparison of actual results with targeted performance levels. In addition, they state that “more advanced performance monitoring systems (could) compare the performance of units operating under similar conditions or use statistical analysis to control for client characteristics, community characteristics, or other factors that may affect program outcomes.”

Measurement of Client Satisfaction - Information derived from service participants can contribute to an assessment of both impact (intermediate outcome) and quality (Koss et al., 1972; Rossi et al., 1979:137; Austin et al., 1982:86; Carter, 1987:81; Patti, 1987:8; Kettner, Moroney and Martin, 1991; Mayo, 1992: Wholey and Hatry, 1992:608; Kettner and Martin,

⁵⁵ Such designs might adopt randomized controls, non-randomized controls or reflexive controls (Rossi et al., 1979:209).

1993:70; Brotherhood of St. Laurence, 1995:6). Although Macpherson (2001:15) reports that measures of client satisfaction are often poorly designed and lack comparability, Martin (1988) states that their principal value is that they provide another perspective on the evaluation of service outcomes. In particular, they provide a view about whether the services that are delivered are responsive to clients' requirements; identify the specific benefits resulting from service; and, they identify problematic areas and areas for improvement (Koss et al., 1977; Martin and Kettner, 1996:97; Rossi et al., 1999:223).⁵⁶

Information from client surveys can be gathered either from self-administered questionnaires or via interviews (Rossi et al., 1979:155; Carter, 1987:81).⁵⁷ Such data collection methodologies have certain limitations, in particular, there are issues associated with reliability, validity and the interpretation of the information gleaned (Martin, 1988; Quayle and Moore, 1998:86; Rossi et al., 1999:223). Moreover, Austin et al. (1982:86) emphasized that the post-test design for assessing client satisfaction "does not allow determination of program effectiveness in changing behaviour, knowledge, or attitudes."



Measurement of Output – Kettner, Moroney and Martin (1991) write that in the public service environment output measures have traditionally been differentiated into intermediate and final outputs. An intermediate output, in a public service environment, is commonly measured in terms of volume (for example, the volume of services received by clients). Final outputs, on the other hand, are often measured in terms of service completion.

In New Zealand the public management system requires managers to measure outputs in terms of quality (standards required by both clients and 'experts'), cost, quantity, timeliness and location (Controller and Auditor-General, 2001:55-56). Furthermore, the system calls for output measures that are understandable, complete and relevant – relevant in that the measures

⁵⁶ Kettner and Martin (1993:70-71) comment that client surveys provide information about a range of factors underpinning client satisfaction including, "convenience, timeliness, treatment by contractors' staff, perceptions of service quality and effectiveness, the willingness to recommend the service, and others."

⁵⁷ Wholey and Hatry (1992:608) and Carter (1987) identify a range of other alternative ways in which to infer whether or not clients are satisfied with, and have adequate access to services delivered. Examples of information from which such inferences might be derived include an examination of drop-out rates, "attendance rates, premature termination, (and) reapplication for services ..."

“address the attributes of the output that the policy model identifies are being causally related to the desired outcome” (Controller and Auditor-General, 1999:64-65).

Measurement of Quality - The measurement of service quality is often problematic, since it is often difficult to obtain a consensus about what indeed constitutes a quality service (Katz, 1979:99; Domberger, 1998:43); and as noted earlier, there are many aspects to the notion of quality. While Katz (1979:99-100) notes that there may be three different orientations adopted to assess quality (structural, process and outcome), he maintains that “the only existing set of standards⁵⁸ for most of the human services lies within the structural approach.” Such a structural orientation to a quality assessment assesses aspects of a service, such as level of staff training and qualifications (both experiential and academic), facilities, and, management and administrative practices (Brotherhood of St. Laurence, 1995:7). While not minimizing the value of this approach to assessing quality, there is some concern expressed in the literature that this orientation alone does not necessarily provide an assurance that a ‘quality’ organizational structure will affect desired outcomes. According to Piquero (1988) and Austin et al. (1982) what is also needed to facilitate the achievement of desired outcomes, are standards that Katz (1979:99) refers to as process standards. Austin et al. (1982:85) state that in order to deliver an effective intervention “it is not sufficient for the agency ...to offer services with which staff are familiar or comfortable ...” Rather interventions must be selected “that have either a strong conceptual foundation or have been shown by research to be promising or effective in achieving their goals.” Unfortunately, in many cases there is inadequate information available to assess this and other aspects of quality (Domberger, 1998:44). Thus, such aspects of a service need to be specified precisely and in operational terms⁵⁹ - a measure that ensures that later monitoring activities can assess the degree to which programme deliverers follow the original intent (in terms of the content and delivery) of the programme designers (Rossi et al., 1979:139; Piquero, 1998:87). Without an assurance that a programme or service has been delivered as specified, there is little point in proceeding with an evaluation of outcome. In sum,

⁵⁸ Stevens (1999:17) defines a standard as “minimum levels of performance and quality.” While this definition appears to emphasize minimum levels of acceptable service, Newcomen (1993) defines standards as a means of establishing conformity across sites, together with enabling assessment to be undertaken in a quantifiable manner. He writes: “Standards may be defined as exemplars specifying measurable outputs or levels of service, intended to provide uniform targets and benchmarks for performance.”

⁵⁹ A lack of specificity and explicit intervention logic associated with programme standards is a problem noted by a number of evaluators. For example, Austin et al. (1999) found upon examination of batterer programmes in the United States, that “(s)tandards often lacked ... specificity or ... a rationale ...” to explain the link between the design and delivery of a service and the outcomes sought.

therefore, a crucial aspect of evaluating outcome is to first measure the quality of service elements in terms of their specificity and the link between programme content and outcomes sought - in other words, a measure of the *appropriateness* of the service.

Once the intervention logic has been confirmed, an implementation evaluation should follow which answers questions concerning: "What services are provided to clients? What does staff do? (and) How is the program organized?" (Patton, 1990:95), as well as analyzing the integrity with which the programme content is delivered and the method with which providers deliver the programme to suit the target population. Rossi et al. (1979:144) and Durham (1988:68-70) describe a number of sources from which, and methods with which, to collect information about the quality and integrity of programme implementation including participant observation; the use of data from service records; the use of questionnaires to illicit information from programme staff; and/or, the use of information collected from participants of services.

^①
Measurement of Input - The Target Population - Measurement strategies that describe the population for whom the service targets seek to gather information about selected characteristics (demographic and other characteristics related to eligibility criteria)⁶⁰ of clients who participate in a programme; clients who are eligible, but do not participate; and, those who 'drop out' part way through a programme (Cain, 1975; Barrow and Cain, 1977; Rossi et al., 1979:124; Mayo, 1992:24). This data is used for several purposes:

- To ascertain whether the programme is reaching the appropriate target population (Piquero, 1998:80);
- To ascertain the extent to which the target population participates in a programme; and,
- To eliminate any bias concerning the target population prior to undertaking an impact evaluation.

In general, this type of information answers equity and access questions (Ross et al., 1979:122; Brudrey and Morgan, 1988:166; Gain, 1994:12; Brotherhood of St. Laurence, 1995:8). In

⁶⁰ The selection of criteria with which to decide whether potential candidates for a service are eligible or not is guided by an examination of the level of need and/or the extent and nature of the problem for which programme objectives aim to ameliorate (Rossi et al., 1979:125). Note that several data elements are necessary to describe the extent and nature of the need or problem. These elements might include such factors as age, sex, ethnicity, socio-economic status, geographical location and residential mobility (Rossi et al., 1979:99). Selection of criteria will also be guided by knowledge from previous research practice (Ibid:118).

particular, the data facilitate an evaluation of the comparative characteristics of those who participate; those who ‘drop out;’ and, those who are eligible but do not access the service at all - data which contribute to an analysis of coverage and bias. Data of this sort may pinpoint some client dissatisfaction with the service, or assist with the identification of conditions in the community, for example, limited transport, that make it difficult for clients to participate in the service. From an evaluative perspective, information about the target population, can also identify any bias in recruiting practices. Such bias can emanate from either “...’creaming’ ... “ where “ providers choose to work with those who are most likely to make the quickest and most effective use of the given service (Brudney and Morgan, 1988:166); or, client self selection, based on judgments of want and preference, rather than need (Rossi et al., 1979:125).

A number of mechanisms exist for approaching questions concerning equity and access, together with calculations of cost/benefit and/or efficiency. Data may be collected from service records, programme participants and referral and intake agents; and such data might either focus on analyzing the pre-service characteristics of clients or examine “the distribution of services across different groupings of clients” (Rossi et al., 1979:126-130; Brudney and Morgan, 1988:63).

4.6 Putting Performance Information to Use

Russ-Eft and Preskill (2001:407-408) emphasize that it is important for performance information to be “ useful and used” and to this end those responsible for performance assessment are required to identify the principal stakeholders of the evaluand and question them about what aspects of performance are pertinent to them and how such information will be used. These authors identified three ways in which performance information can be used – instrumental, in which the findings are employed to improve the evaluand; conceptual in which the findings enhance the receptor’s understanding of the evaluand and the issues associated with it; and, political in which the findings are used to solicit funding, meet accreditation requirements or to demonstrate the integrity of the implementation of the programme (Russ-Eft and Preskill, 2001:29)

More generally, Wholey and Hatry (1992:605) state that performance monitoring information “stimulate(s) improved programme performance, communicates the value of public programs to elected officials and the public, strengthen(s) public confidence in government, and gain(s) the resources needed to maintain and enhance programme operations.” Performance

information can take a number of forms. Each form is specifically designed to suit the requirements of the particular audience for which it is intended. Shand and Arnberg (1996:36) and Aitken (1996:151) identify three types of performance information. First, there is that directed at clients. This includes knowledge about the content, quality and extent of services and such information is made available so that clients can make informed choices about selecting a service.

The second type of performance information is gathered for management. Aitken (1996:151) states that this information “covers the nature, content, cost, scope and timeliness of all services the provider has agreed to supply ...” Such information seeks to advise management about areas for service improvement, particularly those areas in relation to service inputs and processes.

Steering information is the third type of performance information that can be collected. Information of this type includes that concerning service implementation and the impact of service delivery. Shand and Arnberg (1996:36) and Aitken (1996:151) advise that steering information is particularly useful for informing decisions about policy direction, programme development, implementation and continuance, and/or service termination.

While this chapter has focused on meanings, methods and measures of public sector performance in more general terms, the following chapter adopts a particular approach to describing evidence-based performance standards relating to correctional rehabilitative services.

Chapter 5: Rehabilitative Services within the Criminal Justice System – The Application of Empirical and Best Practice Knowledge to an Outcome Focused Framework

Drawing on the empirical and conceptual information in the literature, the present chapter develops an outcome-focused evaluative framework - a framework which defines best-practice standards for the implementation and the performance monitoring of rehabilitative services within the Criminal Justice System and with which public sector managers can compare the actual performance of service providers within this context. The framework includes a general description of the intervention logic; programmatic and operational standards for inputs and processes; and measures with which to evaluate outputs and outcomes.

5.1 Summary Description of Intervention Logic

Standard - Programme Content and Delivery Processes must be Underpinned by Empirical Evidence that links the Intervention to the Stated Outcome

Drawing upon the considerable body of empirical knowledge that has informed both narrative and meta-analytic reviews⁶¹ of rehabilitative, offender-focused outcome studies, the following case study illustrates how such knowledge can be used to develop best-practice standards within an outcome focused framework that encompasses the systematic and programmatic requirements for the design, delivery and evaluation of effective services for offenders.

In theory employing an evidence-based theory of action for the selection and delivery of public services, such as rehabilitative programmes for offenders, should enhance the likelihood of positive outcomes, whilst simultaneously alleviating those issues and problems targeted by

⁶¹ A narrative review entails reading all the research reports that pertain to the area of interest; summarizing the trends discerned; and then providing an analysis of the findings (McGuire and Priestley, 1995:7). Gendreau and Ross (1987) provide an example of a narrative review of correctional programmes. Glass, McGraw and Smith (1981) note a major limitation of this approach is the subjectivity involved.

Meta-analysis is a statistical tool that aggregates a large number of research studies and/or variables of interest into a single database. Idiosyncrasies associated with individual studies are statistically controlled to facilitate the expression of pertinent outcomes in terms of quantifiable units, for example, an effect size - the effects of a particular treatment regime - or a correlation coefficient - the relationship between expected and actual indicators of success or failure (Glass et al., 1981; Wolf, 1986; Hunter and Schmidt, 1990; Rosenthal, 1991; Lipsey and Wilson, 1993; Cooper and Hedges, 1994).

Despite the promise of meta-analysis, Gendreau and Andrews (1990) and Gendreau and Little (1994:17) warn that "it is not a panacea." A number of authors (Bullock and Svyantek, 1985; Losel, 1991; Matt and Cook, 1994) contend that issues of objectivity, validity and reliability also impact adversely on this methodological approach.

governments (Andrews, 1995:35; Andrews and Hoge, 1995; Hollin, 1995:206; Chapman and Hough, 1998; Leschied, 1998:2; Mackenzie, 2000; Merrington and Stanley, 2000:273). In addition, by stating objectives in terms of ultimate, intermediate and immediate goals; by clarifying the underlying principles, assumptions and causal links that guide programmatic selection and delivery; and, by listing criteria with which to judge the adequacy of inputs (efforts), processes and performance (including quality, appropriateness, responsiveness, outputs and outcomes), an evaluative research approach is automatically incorporated into public service provision (Suchman, 1967:71).

The Extent of Empirical Evidence Concerning Offender Treatment Programmes - A large number of studies concerning programmes and services designed to reduce criminal behaviour are now available. For example, Andrews (1995:37) notes that about 1000 studies focusing on correlates of crime have been published in English since 1970; and in Lipsey's 1992 meta-analysis, 397 outcome studies were examined - studies involving collectively treatment for in excess of 40,000 offenders. These studies include treatment outcome evaluations (Chandler, 1973; Jesness, 1975; Ross and McKay, 1976; Wade, Morton, Lind and Ferris, 1977; Palmer, 1978, 1983, 1992; Ross and McKay, 1978; Andrews and Kiessling, 1980; Barkwell, 1980; Collingwood, Douds and Williams, 1980; Lee and Haynes, 1980; Platt, Perry and Metzger, 1980; Ross and Gendreau, 1980; Walter and Mills, 1980; Gendreau, 1981, 1989; Barton, Alexander, Waldron, Turner and Warburton, 1985; Ross and Fabiano, 1985; Davidson, Redner, Blakely, Mitchell and Emshoff, 1987; Gendreau and Ross, 1987, 1981, 1981a; Greenwood and Zimring, 1985; Basta and Davidson, 1988; Gordon, Arbuthnot, Gustafson and McGreen, 1988; Ross, Fabiano and Ewles, 1988; Cullen and Gendreau, 1989; Gendreau and Andrews, 1990; Wexler, Falkin and Lipton, 1990; Hollin, 1993; Lipsey and Wilson, 1993; Andrews and Bonta, 1994; Gendreau, Cullen and Bonta, 1994; Marshall and Pithers, 1994); narrative reviews (Gendreau and Ross, 1987; McIvor, 1990; Gendreau and Andrews, 1990; MacDonald et al., 1992; Antonowicz and Ross (unpublished, 1993); Losel, 1993; Mulvey et al., 1993); and, meta-analyses (Garrett, 1985; Kaufman, 1985; Gensheimer et al., 1986; Gottschalk et al., 1987a; Gottschalk et al., 1987a; Losel et al., 1987; Lab and Whitehead, 1988; Losel and Kofler, 1989; Whitehead and Lab, 1989; Andrews et al., 1990a; Izzo and Ross, 1990; Lipsey, 1992 and 1992a; Antonowicz and Ross, 1994).

Of all the outcome studies examined, analysts have reported that at least 60% of them showed that correctional treatment reduced recidivism (Andrews, 1995:39; McGuire and Priestley, 1995:9; Gendreau, 1996:118; Gendreau and Goggin, 1997:272); and, McGuire and Priestley (1995:9) and others (ibid) note that “it can be demonstrated that the net effect of ‘treatment’ in the many studies surveyed is, on average, a reduction in recidivism rates of between 10% and 12%.”⁶² Moreover, when ‘appropriate’ correctional treatment interventions only are scrutinized, recidivism can be reduced by about 25%.⁶³ The conclusion that can be drawn from such a large pool of empirical evidence,⁶⁴ is that decisions regarding the public purchase or provision of correctional programmes and services can now be guided by a clearer understanding of the systemic and programmatic requirements of such programmes - requirements that are necessary if such programmes are to be effective in reducing recidivism.

According to Andrews (1995: 45 and 53), these requirements can appropriately be applied to all categories of offender treatment programmes, including those specialized programmes for “sex offenders, violent offenders, mentally-disordered offenders, spouse abusers, and white collar offenders.” Moreover, such requirements relate to programmes and services that both seek to achieve the ultimate outcome of reducing re-offending, as well as those that seek to achieve intermediate outcomes, such as finding employment, stabilizing living conditions or, controlling or eliminating substance abuse. Of the Psychology of Criminal Conduct theory (PPC), developed by Andrews and Bonta (1994), Lauen (1997:203) concluded that it “provides the direction for effective approaches to correctional interventions;” it “guides practitioners in decision-making;” and, it “dramatically decreases recidivism.”

⁶² For a more detailed analysis that demonstrates the comparative ‘effects’ of a variety of correctional programmes (criminal sanctions, ‘inappropriate’ treatment and ‘appropriate’ treatment) on rates of recidivism refer to Bonta (1991) and Dowden and Andrews (2000:458).

⁶³ Gendreau and Goggin (1997:272-273) write that reductions in recidivism can be further increased if such treatment programmes are delivered with ‘therapeutic integrity’ - between 20-35% for programmes delivered in prison (Marquis and Goguen, 1995; Lipton, 1996); and between 30-50% for programmes delivered in the community (Borduin et al., 1995; Gordon, 1995).

⁶⁴ Despite this empirical evidence that ‘appropriate’ correctional treatment (Andrews, Zinger, Hoge, Bonta, Gendreau and Cullen, 1990a) can be effective at reducing recidivism, some commentators remain sceptical (Lab and Whitehead, 1990:405; Logan et al., 1991:25). Losel (1995: 81 and 88-89) directs our attention to a number of qualifications to the overarching confidence about the reported and positive outcomes of correctional treatment. Qualifications that he notes include, that most correctional outcome studies reported to date have been undertaken in North America; that most of these studies relate to the juvenile justice sector; and, that research studies that are categorized as ‘offender treatment’ are heterogeneous in nature, for example, they include interventions that might otherwise be regarded as punitive and/or deterrent.

5.2 Correctional Standards

In the correctional arena standards developed to date generally focus on the operational, management and administrative domains. Examples include those published by the American Correctional Association (Newcomen, 1993) and the National Standards for the Supervision of Offenders in the Community, published by the Home Office, Probation Service Division, London. Raynor (1996:254) comments that standards appear to be designed to enhance consistency and accountability, but in the main, they lack a primary focus on effectiveness. The only published evidence-based correctional standards with a focus on effectiveness appear to be the Correctional Program Assessment Inventory (sixth edition, 1996) developed by Paul Gendreau and Don Andrews; and, the Criteria for Accrediting Offending Behaviour Programmes (1998/9) published by HM Prison Service, London; although Thurber (1998) reports that the Correctional Service, Canada is organizing an accreditation panel to review that country's correctional programmes and sites.

5.3 Programmatic Goals

Standard -The Goals of Programmes and Services for Offenders must be Appropriate - that is, Goals that Address the Factors that Lead to and Support Criminal Offending⁶⁵

If the ultimate goal of community-based sanctions is to reduce recidivism,⁶⁶ then theorists from the 'Psychology of Criminal Conduct' school would argue that such sanctions should include services and programmes that are designed to address the "causes of crime" and ultimately reduce the rate of future offending (Leschied, 1998:2).⁶⁷ Bonta's (1991) analysis of various types of sanctions in the community and their effect on recidivism would support this argument - that is, in situations where 'appropriate' treatment was delivered to offenders within the context of a sanction, their rates of recidivism reduced; whereas, in situations where offenders received either 'inappropriate' treatment or the sanction alone, their rates of recidivism increased.

⁶⁵ See Gendreau and Andrews (1991) and McGuire and Priestley (1995:15).

⁶⁶ MacKenzie (2000:464) draws our attention to research that provides evidence that incarceration for "offenders who are not at the end of their criminal careers is effective in reducing crimes in the community."

⁶⁷ Vanstone (2000:177-178) and others (Ross and Fabiano 1985; Neary, 1992; Pitts, 1992; McGuire and Priestley, 1995; Young, 1998) have noted that the PCC theory appears to focus on the individual to the exclusion of the broader social context within which offending occurs. Succinctly, they maintain that this perspective excludes a consideration of the socio-economic, political and cultural contexts. Andrews and Bonta (1994), in response to such criticisms, maintain that such factors have been found empirically to be poor predictors of criminal behaviour.

Despite the persuasiveness of this stance, Davies (1993:109) argues that if the public (as taxpayers and stakeholders in the provision of public services) is to “have confidence that these offenders, who by their actions are perceived as a threat to the community, should be allowed to continue to live in the community,” then goals for community-based sanctions should be multiple and incorporate aspects of retribution, surveillance and rehabilitation. He further contends that without this public confidence, sanctions in the community are unlikely to be successful.⁶⁸ While at first glance this complexity of goals may appear contradictory, a close examination of the tenants of the ‘Psychology of Criminal Conduct’ theory shows that such an approach can to some extent, meet the demands of such multiple purposes. For example, Davies (1993:109-116) describes retribution in terms of the fit between the offending behaviour and the sanctions imposed; surveillance, in terms of rigorous supervision and monitoring in the community to assure the public they are protected; and, rehabilitation, in terms of services delivered to offenders that address the factors that underpin and support continued offending behaviour. Of retribution, Bonta (1996:28) argues that the assessment and prediction of risk - an essential component of PCC - can be applied to questions about the appropriateness of custodial or community-based sanctions, as well as “questions such as who should be paroled ...” In relation to the role that surveillance and rehabilitation have to play in protecting the public, the risk principle of PCC directs that the most intensive programmes should be reserved for those assessed as having the highest risk of re-offending.

Moreover, such assessments of factors - in particular factors that are dynamic or subject to change - highly predictive of future offending provide the basis upon which appropriate rehabilitative services and programmes are selected and delivered to clients subject to criminal justice sanctions.⁶⁹ In Bonta’s (1996:31) words:

One of the major goals of corrections is to protect the public. In the short term, this is accomplished through intensive monitoring and restrictions of liberty (- surveillance). In the long term, however, we can reach the goal by reducing the risk for recidivism through treatment ... (rehabilitation). Effective treatment depends on targeting those needs of offenders that are related to their offending behaviour ...

⁶⁸ Interestingly, this consideration of multiple goals appears to be somewhat contrary to the popular view that the public wants a greater emphasis on punishment; and in line with the results of a number of studies focusing on public perceptions about the sanctioning of offenders. Cullen et al. (1988:305) note that “(t)here is a duality to the public’s sanctioning ideology ... While citizens clearly want offenders punished, they continue to believe that offenders should be rehabilitated.” Conclusions from other studies appear to concur with Cullen and his colleagues’ findings (Canadian Sentencing Commission, 1987; Gottfredson, Warner and Taylor, 1988; Gallup, 1989; American Correctional Association, 1995).

⁶⁹ Bonta (1996:29) defines rehabilitation in a correctional setting as an intervention to reduce recidivism.

Andrews and Bonta (1990 and 1994) have identified that of all the factors contributing to, and supportive of, criminal behaviour some are more potent than others. Bonta (1996:23) and Davies (1993:115) reason that if such potent factors could be changed, then it follows that the likelihood of further offending behaviour would be lessened. These factors, commonly referred to in the literature, as criminogenic needs, should “form the treatment goals” for those services that “attempt to reduce the risk of future criminal behaviour” (Bonta, 1996:27). They are the intermediary links to recidivism; they are dynamic and can be addressed through treatment (Andrews, Bonta et al, 1990; Van Voorhis, 1993 and 1994; Andrews and Bonta, 1994; Latessa and Alan, 1997:397; Andrews, 1999:151-170). In sum, there is an empirical link between the programmes’ goals and the needs and priorities of the correctional system (Harris and Smith, 1996:206). Criminogenic needs that could provide programme providers with favourable treatment goals for a correctional setting include the following:

- To change pro-criminal attitudes, beliefs, values and cognitive-emotional states (Andrews, 1989; Andrews and Bonta, 1994; Gendreau and Little, 1994; Andrews, 1995:37 and 55; Van Voorhis, 1997:84; Andrews, 1998:3; Andrews, 1999).
- To sever anti-social peer associates, that is, interpersonal supports for crime, and enhance pro-social associations and bonding (Andrews and Bonta, 1994; Gendreau and Little, 1994; Andrews, 1995:37 and 55; Van Voorhis, 1997:84; Andrews, 1998:3 and 13; Losel, 1998:13; Andrews, 1999:151).
- To address temperamental and personality factors conducive to offending, including psychopathy, weak socialization, impulsivity, restless aggressive energy, callousness, egocentricism, below average verbal intelligence, an attraction to risk-taking practices, weak problem-solving and self-regulation skills, that is self-control and self-management (Andrews and Bonta, 1994; Andrews, 1995:37 and 55; Van Voorhis, 1997:84; Andrews, 1998:3 and 13; Andrews, 1999:151).
- To promote familial affection and communication (Andrews and Bonta, 1994; Andrews, 1995:37 and 55; Andrews, 1998:4; Andrews, 1999:151).
- To promote familial monitoring and supervision (Andrews and Bonta, 1994; Andrews, 1995:37 and 55; Andrews, 1998:4; Andrews, 1999:151).
- To reduce or eliminate alcohol and drug problems (Andrews and Bonta, 1994; Andrews, 1995:55; Latessa and Allen, 1997; Losel, 1998:13; Andrews, 1999:151).

- To provide work, training, vocational, educational and/or leisure skills in order to enhance the rewards for the offender associated with these non-criminal activities (Andrews and Bonta, 1994; Losel, 1998:13).
- To provide the chronically psychiatrically troubled with low-pressure, sheltered, supportive living arrangements (Andrews and Bonta, 1994; Andrews, 1998:13).
- To assist the offender to recognize high-risk situations and to develop a concrete, well-rehearsed plan for dealing with those situations (Andrews and Bonta, 1994; Andrews, 1995; Andrews, 1998:13).
- To overcome the personal or circumstantial barriers to participation in treatment (Andrews and Bonta, 1994; Andrews, 1998:13).

Dowden and Andrews (2000:460) comment that the more criminogenic needs that can be addressed by a correctional treatment programme, the greater the service's therapeutic potential and the achievement of an increased level of 'effect size.'

Standard - The Goals of Programmes and Services for Offenders Should be Clear

There are two main reasons for insisting that correctional programmes and services present their goals with clarity. First, clear goals facilitate the providers' choices concerning which tasks and methods need to be adopted to effectively meet the objectives of the programme (Boswell, 1996:33). Second, goal clarity is essential to any evaluative endeavours. In this context, Byrne (1990) comments that without goal clarity evaluators are unable to assess whether a programme has been successful or otherwise.

5.4 Inputs for Service Implementation

Staff - Education, Training, Personal and Relationship Qualities

Standard - Correctional staff should hold a tertiary or equivalent qualification in an appropriate area of study

Correctional staff should hold a tertiary qualification (or some equivalent to this) and have majored in a relevant area of study (Gendreau, 1996:124; Gendreau and Goggin, 1997:272; Lauen, 1997:214). Gendreau and Goggin (1997) suggest that such tertiary study would ideally span some 4 years. Schrink (1997:42) states that relevant areas of study might include "social/behavioural sciences, criminal justice/criminology, social working or counselling." And according to Lauen (1997:214) such education "demonstrates the person's ability to think, reason, calculate, and decide on both abstract and concrete intellectual matters."

Standard - Correctional Staff Should have a Working Knowledge of those Theories and Skills that are Effective in Working with Offenders

Knowledge - Andrews and Bonta (1994) advocate that all correctional staff have a working knowledge of the 'Psychology of Criminal Conduct' theory. In addition, Lauen (1997:212) maintains that correctional staff should have one or more skills in the following areas;

- employment-related skills;
- alcohol and drug assessment, treatment and brokerage;
- assessment of mental health issues and brokerage to appropriate agencies;
- budgeting skills;
- appropriate skills in affect management, in particular, anger management;
- social skills management, in particular, problem-solving techniques.

Standard - Correctional Staff Should Possess Appropriate Inter-personal and Relationship Skills for Working with Offenders

Relationship Factors - Losel (1998:17) reminds the reader about Orlinsky et al.'s (1994) findings concerning the considerable influence of the personal dimensions of a therapist on the effectiveness, or otherwise, of a therapeutic intervention. Commentators (Traux and Carkhuff, 1967; Jesness, 1975:759 and 777; Jesness, Allison, McCormick, Wedge and Young, 1975:153-154; Fischer, 1976, 1978; Gendreau and Ross, 1979; Andrews, 1980; Andrews and Kiessling, 1980:453-455; Leibrich, 1993; Trotter, 1993, 1995, 1996; Andrews and Bonta, 1994; Gendreau, 1996:124; Palmer, 1996:154-158; Latessa and Allen, 1997:404; Lauen, 1997:146, 168; Schrink, 1997:42; Van Voorhis, 1997:147; Andrews, 1998:9; Losel, 1998:17; Staton et al., 2000:114) concerned with the correctional context for interventions maintain that for such interventions to be effective, the correctional worker must relate to offenders in the following ways;

- empathetic, sensitive, accepting and constructive;
- warm, open, enthusiastic, caring, flexible, genuine and competent (both in terms of knowledge and skills concerning appropriate theories and processes);
- maintain an environment of mutual liking and respect;
- understand the viewpoints of others within the appropriate boundaries of a professional relationship;
- communicate clearly concerning what is required;
- build and maintain trust;

- exercise authority in a firm, but fair manner. This can be effectively exercised if there is respect between the parties; the parties hold a belief that compliance is possible and will be rewarded; if the difference between requests and rules is clear; and, if sanctions for non-compliance are only applied in relation to the latter and in circumstances where the matter is serious.

Andrews (1998:9) and Andrews and Bonta (1994) maintain that such qualities are essential if the inter-personal relationship between the correctional worker and the offender is to be effective. Such qualities are especially pertinent to anti-criminal modeling and reinforcement. For example, Andrews (1989:9) believes that if such interpersonal dimensions are present, then correctional staff become 'high quality reinforcers.' He explains that both staff approval and disapproval can be particularly effective if such reinforcers are delivered with immediacy; the reasons for the reinforcers are well explained; and, in the case of negative reinforcers, the correctional worker offers pro-social alternatives.

Similarly, anti-criminal modeling by correctional workers is especially effective, if such modeling takes place in an environment that is encouraging, where workers are competent, and they are seen to be rewarded for such behaviour (Bandura, Ross and Ross, 1963; Bandura and Walters, 1963; Bandura, 1965, 1977). Andrews (1980) directs that such modeling should focus on countering pro-criminal behaviours, cognitions and feelings and be delivered in a manner that is clear, vivid and reinforcing (that is, giving praise for demonstrating pro-social alternatives, as well as involving opportunities for offenders to experience such alternative sentiments (Andrews, 1980).

Standard - Correctional Agencies Should Provide the Appropriate Level of Staff Training and Supervision

Correctional agencies should provide the appropriate level of training and supervision for their staff. Gendreau (1996:124) and others (Palmer, 1996:158; Lauen, 1997:146-214; Losel, 1997:146) recommend that all correctional staff receive 3-6 months in-service specialist correctional training. Lauen (1997:214) writes:

Examples of some of the specialized training includes: motivational interviewing, learning about relapse prevention and cognitive skill building, developing research methods, writing reports, learning about sex offender treatment, employing clinical supervision, using basic counseling skills, and knowing how to manage client records.

In addition to this specialized training, correctional workers must attend regular and appropriate supervision sessions (Gendreau, 1996:124; Lauen, 1997:146; Latessa and Allen, 1997:404; Losel, 1998:17).

Standard - *The Target Population for Correctional Treatment is Offenders who are Classified as High Risk of Re-offending and Whose Needs and Circumstances are Assessed as being Related to Their Offending Behaviour*

Harris and Smith (1996:208-209) emphasize the importance of clearly specifying the target population for specifically designed programmes. They maintain that the potential of a programme to be effective may well be compromised if those given entry to the programme fall outside the eligibility criteria.⁷⁰

In relation to the correctional context Andrews (1995:41) and others (Baird, Heinz and Bemus, 1979; O'Donnell, Lyngate and Fo, 1980; Andrews and Kiessling, 1980; Andrews et al., 1990; Trotter, 1993,1995,1996; Dowden, 1998; Dowden and Andrews, 1999a) state that intensive treatment is best reserved for those classified as at high-risk of offending and whose assessed needs and circumstances are related to their criminal behaviour. Obviously a greater impact can be expected from providing treatment to this high-risk group. Moreover, without such intervention they are more than likely going to continue to offend (Raynor, 1996:250; Ellis and Marshall, 2000:307). In relation to those classified as low risk offenders, multiple studies have shown that exposure to correctional treatment has little effect, and in some cases can even increase recidivism (Andrews et al., 1990; Palmer, 1994; Bonta and Hanson, 1995; Raynor, 1996; Vennard et al., 1997; Ellis and Marshall, 2000).

Andrews (1998:3) states that there is now sufficient evidence to support a reliable and valid classification of the offender population into high and low risk groupings. This evidence takes the form of certain factors that have repeatedly and correctly predicted offending behaviour in the majority of cases. Andrews (1998:3) estimates that such predictions are correct in 65-80% of cases.

⁷⁰ With respect to correctional programmes Clear and Hardyman (1990) observe that providers sometimes relax the eligibility criteria for programme entry in order to gain sufficient referrals to ensure the programme continues to operate; and Palumbo, Clifford and Synder-Joy (1990) state that targets are often shifted to less serious offenders.

The pertinent risk factors that have been demonstrated to correlate with future offending behaviour are categorized into two types - static risk factors and dynamic risk factors.

Gendreau (1996:122) describes static risk factors as those “aspects of an offender’s past criminal history that are fixed in time.” Dynamic risk factors, he describes as “aspects of offenders’ everyday functioning that are amenable to change.” Both static and dynamic factors can be employed to determine overall level of risk. However, while such risk classification may assist with predicting the likelihood of further offending and decisions concerning the appropriateness of institutional or community-based placement; it is those dynamic and/or psychological factors encompassed within the overall risk classification system, that provide the direction for placing offenders in certain treatment regimes (Van Voorhis, 1997:84).⁷¹ Static and dynamic predictors of recidivism are listed below (Andrews and Bonta, 1994; Andrews, 1995:37; Gendreau, Little and Goggin, 1995; Lipsey, 1995:73; Gendreau, 1996:122; Lauen, 1997:121; Van Voorhis, 1997:84; Andrews, 1998:3-4; Dowden and Andrews, 2000:450.

Static Factors Predictive of Recidivism include:

- Age at first adjudication:
- Gender (being male):
- Past criminal history (arrests, convictions, incarceration, breaches):
- Family and marital status and situation:
- Early family factors and early history of anti-social criminal behaviour:
- Ethnicity.

Dynamic Factors Predictive of Recidivism include:

- Anti-social attitudes, thinking and behaviours regarding:
 - accommodation;
 - employment;
 - education;
 - companions, peers, friends, social network;
 - authority;
 - leisure.
- Extent and history of drug use;

⁷¹ Note that risk factors associated with recidivism include both static and dynamic factors (Andrews et al., 1990; Van Voorhis, 1994; Van Voorhis and Brown, 1996).

- Extent and history of alcohol use;
- Interpersonal relationships that lead to conflict with the law;
- Pro-criminal personality i.e. aggressive, callous, egocentric;
- Poor parental affective and supervisory skills.

Van Voorhis (1997:84) states that of all the predictors of risk, anti-social associates; anti-social values and attitudes; history of anti-social behaviour; and skill deficiencies (e.g. problem solving, self management, self-efficacy, impulsivity, poor self-control, irresponsibility) are those that are most prevalent. In the light of this observation, such factors would appear to be good targets for treatment.

5.5 Programmatic Processes and Content for Service Implementation

Standard - Actuarial Instruments must be Used to Assess Offenders' Static and Dynamic Risk Factors and their Amenability to Treatment

The assessment of offenders' level of risk facilitates their assignment to high, medium and low-risk categories. Van Voorhis (1997:86) states that classification according to risk, guides the activities of the criminal justice system in three ways. First, it differentiates those who are more likely to threaten community safety from those who are not. Second, it ensures the effective management of those sanctioned by the Court to community-based sentences, by identifying those who are more likely to offend and/or pose a security risk. For example, those who are assessed as high risk would likely receive an intense level of supervision. Third, classification according to level of risk is one factor guiding decisions concerning the application of appropriate rehabilitative measures.

Gendreau and Goggin (1997:273) and others (Lauen, 1997:124) argue that the assessment of offenders' risk of recidivism should utilize actuarial instruments that have been developed using local norms. Actuarial risk assessment instruments enhance the objectivity and accuracy of correctional assessment procedures.⁷² They counter the criticisms leveled at more subjective, clinical assessment procedures referred to in the literature as 'first generation' risk assessments (Bonta, 1996). For example, Monahan (1981) and Wardlaw and Millier (1978) found that 'first generation' risk assessments lack inter-rater reliability. Bonta (1996:20) maintains that such assessments are discretionary, lack accountability, and are often not

⁷² Grove and Meehl (1996) and others (Silver et al., 2000:762) have found that actuarial instruments outperform the predictions of professionals unaided by such devices.

underpinned by 'empirically defensible theories of crime.' Other commentators are of the view that assessments based on professional judgment are "legally, ethically and practically unacceptable" (Monahan, 1981; Gottfredson and Gottfredson, 1986; Andrews and Bonta, 1994).

Assessment Instruments that Rely on the Static Predictors of Risk - In order to enhance the objectivity and accuracy of risk assessment procedures, a number of empirically-based instruments have been developed and validated over the past 20 years or so. Some of these risk assessment instruments relied, mainly or completely, on incorporating *static* predictors of risk into the measurement scales. Lauen (1997:124) observes that these so-called 'second generation' risk assessment instruments provided correctional workers with considerably enhanced predictors of risk compared to their 'first generation' counterparts. Moreover, because the items in such scales are mainly historical in nature - for example, criminal history and demographic factors such as age, gender, race and class - they are extremely efficient to administer (Gendreau, 1996). Examples of 'second generation' risk assessment instruments include the Wisconsin Risk Assessment System (Baird, Heinz and Bemus, 1979; Baird, Prestine and Klochziem, 1989); and the Salient Factor Score of the United States Parole Board (Hoffman, 1983; Hoffman, 1994). While Van Voorhis (1997:87) comments that such instruments have aided correctional workers' decisions concerning the appropriate level of supervision respectively required by low, medium and high-risk offenders, Lauen (1997:124) notes that they fail to provide information about the specific types of recidivism, nor the level of severity of such future offending behaviour.

To counter these omissions in the New Zealand correctional context, Bakker and colleagues (1994a, 1995) have developed a statistical model of risk prediction using information derived from criminal histories and demographic features of New Zealand offenders convicted in 1983, 1988 and 1989. This model includes predictive measures of risk of reconviction, the level of seriousness of such reconviction, together with measures of the risk of imprisonment.

Assessment Instruments that Incorporate both Static and Dynamic Predictors of Risk - A number of research studies (for example, Motiuk et al., 1993; Grant et al., 1996) have shown that a combined assessment of the static and dynamic risk factors of offenders increases the predictive power concerning which offenders will offend in the future. Such assessments, referred to by Bonta (1996:22) and Lauen (1997:124) as 'third generation' risk assessments,

not only identify and prioritize the dynamic need areas underpinning offending behaviour, but also they assist with the accurate matching of offenders to appropriate types of rehabilitative programmes and services (Van Voorhis, 1997:85).

Of this type of offender classification instrument the Level of Supervision Inventory (LSI) is the one most frequently cited in the literature.⁷³ Developed in Canada, the LSI is underpinned by behavioural, social learning and cognitive-behavioural theories and strategies, and its reliability and validity have been rigorously tested (Andrews et al., 1983; Andrews and Bonta, 1994).⁷⁴

Although offender classification instruments such as the LSI-R are essential for accurately assessing an offender's level of risk as well as identifying their criminogenic needs, Lauen (1997:139) argues that a comprehensive needs instrument could incorporate a range of other instruments, including screening tools for alcohol and drug abuse; instruments to measure readiness to change; questionnaires which assess self-efficacy in relation to a number of areas (e.g. social problems of work, temptations, level of control) associated with recidivism; and, instruments which assess more specialized offence-related problems such as the Psychopathy Checklist (Hare, 1991) and the Psychological Inventory of Criminal Thinking Styles (Walters, 1996, 1997; Walters and Elliot, 1999; Walters, 2001:2).

Standard - Correctional Treatment must be Individualized

Bonta (1995:34) comments that "(c)linicians have long recognized the need to alter the way they interact with certain clients." Other commentators agree (Palmer, 1974; Warren, 1971, 1983; Reitma-Street and Leschied, 1988). For example, in a 1994 publication Toch and Adams emphasized the need for the development of individualized correctional treatment interventions; and Losel (1998:14) recommends that particular note is taken of offenders' personal characteristics in order to "enhance the goodness of fit between the offender and the programme." In particular, Hester and Miller (1995) point out that each offender has unique treatment needs, their own preferred style of learning, and at the point of assessment can be differentiated in terms of their readiness for change.

⁷³ Andrews and Bonta revised the LSI in 1995 and the instrument was renamed the Level of Supervision Inventory - Revised (LSI-R).

⁷⁴ The Community Risk/Need Management Scale is another 'third generation' risk assessment tool cited in the literature (Motiuk, 1993).

Such attention to the unique personal characteristics of offenders requires those working with this population to pay particular attention to what Andrews (1999:157) refers to as specific responsivity factors. Such specific responsivity factors might include anxiety, self-esteem, depression, mental illness, intelligence, age, gender, ethnicity - factors that appear to be pertinent to all population groupings, including offenders (Bonta, 1995; Van Voorhis, 1997; Andrews, 1999:157). Other specific responsivity factors appear to be more commonly found in offender populations. These include factors such as poor social skills, inadequate problem-solving skills, concrete-orientated thinking and poor verbal skills - factors that are related to the individual's level of cognitive, emotional, psychosocial and interpersonal maturity (Bonta, 1995:35; Van Voorhis, 1997). As well as these factors, Serin (1998) urges correctional workers to assess and take into account offenders' level of involvement in the change process. This he describes as an assessment of their 'treatment readiness,' including their motivation for change and their level of participation in planning for the treatment intervention.

Of the significance ⁷⁵ of these specific responsivity factors to the overall effectiveness of correctional treatment, Bonta (1995:35) writes:

Client characteristics also have a bearing on their responsiveness to a particular therapist or treatment. ...the responsivity principle focuses on personal characteristics that regulate an individual's ability and motivation to learn. Treatment is very much a learning experience and individual factors that interfere with, or facilitate, learning are responsivity factors.

While Bonta (1995) notes that research concerning the concept of responsivity and its actual impact on the effectiveness of correctional programming is sparse, findings to date tend to suggest two areas of interest to those concerned with the efficacy of correctional treatment. First, if assessors (and evaluators) fail to take responsivity factors into account the efficacy of correctional treatment may well be compromised (Van Voorhis, 1987:56-62; Van Voorhis, 1997:47). Second, correctional assessments should identify offenders' responsivity factors, since such identification would then facilitate the matching of client characteristics with the appropriate treatment provider and programme - matching that in turn would facilitate the offenders' learning of pro-social skills. Gendreau and Goggin (1997:274) have identified three dimensions to the concept of matching that are encapsulated in the responsivity principle.

⁷⁵ Also refer to Latessa and Allen (1997:404).

These dimensions are described by Lauen (1997:147):

- Match the treatment approach with the learning style and personality of the offender.
- Match the characteristics of the offender with those of the therapist, clinician or correctional worker.⁷⁶
- Match the skills of the therapist with the type of programme.

The literature provides examples which illustrate this matching of treatment to offender characteristics; offender characteristics to the characteristics and style of the therapist; and the therapist’s skills and style to the type of treatment.

Tables 4, 5 and 6 respectively provide the reader with a selection of ‘matching’ examples, which more graphically describe the principle of responsivity.

Table 4: Matching Offender Characteristics with Treatment Type

Offender Characteristics and Preferred Learning Styles	Treatment Type	Reference
Intelligent and self motivated	Bibliotherapy	Bonta, 1991.
Impulsive with a preference for high degrees of structure	Token economies/external controls with concrete rules for appropriate behaviour	Bonta, 1991; Palmer, 1992; Gendreau, 1994; Andrews, 1994; Gendreau, 1996:23.
Shy and withdrawn	Groups inhibiting	Bonta, 1991.
Low levels of interpersonal conceptual functioning	Directive/structured	Lauen, 1997:171.
Restless / Risktaking	Programme includes novel and exciting opportunities	Lauen, 1997:171.
Narcissistic, anti-social, low motivation for change	Accessible; supportive environment e.g.family, neighbourhood; mandated	Lauen, 1997:171.
Anti-social personality	High levels of structure i.e. intense correctional controls and treatment and isolation from pro-criminal associates.	Andrews, Bonta and Hoge, 1990.
Psychiatrically troubled	Low pressure, sheltered environment.	Bonta, 1991; Palmer, 1992; Gendreau, 1994; Andrews, 1994.

⁷⁶ Earlier research that supports this principle of matching workers with clients include Palmer’s (1965, 1973) and Gendreau and Ross’s (1979, 1981) findings.

Table 5: Matching Offender and Therapist Characteristics⁷⁷

Offender Characteristics	Therapist Style	Reference
Interpersonally confident	Confrontational/critical personal exchanges within caring, respectful environment	Andrews, 1998:9; Andrews, 1994
Verbally competent and cognitively mature	Highly verbal and analytical approaches	Andrews, 1994
Less empathetic /less interpersonally sensitive	Not respond to subtle cues and suggestions	Andrews, 1994; Andrews, 1998:9
Anxious	High levels of interpersonal sensitivity	Bonta, 1991; Palmer, 1992: Gendreau, 1994; Andrews, 1994; Andrews, 1996.
Mature with developed interpersonal skills	Experienced with strong verbal and interpersonal skills	Lauen, 1997:171
High levels of empathy	Relationship orientated	Lauen, 1997:169
Immature, low-conceptual levels, low empathy and anti-social characteristics	Less skilled, less experienced with structured authoritative approach	Lauen, 1997:171

Table 6: Matching Therapist and Treatment

Therapist's Skills/Style	Treatment Type	Reference
Concrete, conceptual, problem-solving style	Highly structured	Bonta, 1991; Palmer, 1992; Gendreau, 1994; Andrews,1994
Competent levels of inter-personal and conceptual functioning	Treatment that is interpersonally and verbally demanding and depends on self-regulation, self-reflection and inter-personal sensitivity	Lauen, 1997:171
Average to above average intelligence	Cognitive skills	Fabiano et al., 1991:102-08

⁷⁷ Lauen (1997:207) advises that a number of factors would ideally be taken into account when matching an offender with a correctional worker. These factors would include the particular learning styles, motivations and stage of change of the offender; and, the philosophical approach, experience and style of the correctional worker.

Classification of offenders for the purposes of responsivity, or differential treatment, can be undertaken using any one of a range of psychological and personality-based typologies. Such typologies classify offenders according to the level of their cognitive maturity;⁷⁸ their criminal personality types;⁷⁹ and/or according to behavioural types.⁸⁰ As well as these more complex examples, of psychological and personality-based typologies, Van Voorhis (1994) has also developed a more simplified psychological classification system for offenders which identifies four main types - committed criminal; situational; neurotic anxious; and, character disordered.

Gender and Ethnicity as Responsivity Issues

Andrews (1995:53) acknowledges that the appropriateness and application of the main principles of effective correctional programming to women and 'native' peoples are contentious issues. He writes: "Are the risk factors for women or for black people different from the risk factors for white males? The answer to date would appear to be 'no, not much ...'" He further notes that opponents of the 'Psychology of Criminal Conduct' theory are calling for a somewhat different approach to women and 'native' groups - an approach that assists these groups to 'heal' and become 'whole and healthy.' To date there has been no development of the constructs that may underpin such factors, and hence no evidence with which to assess the predictive validity of such constructs.

Being Women as a Responsivity Issue - Bloom (1998:32) states that little is known about the elements that comprise an effective correctional programme for women offenders. Despite this paucity of empirical evidence there are some promising guidelines for the effective delivery of programmes and services to women offenders.

While Harm and Phillips (2001) note that women offenders often present with multiple factors underpinning their offending behaviour, and that programmes should be multi-faceted to address these needs, Austin, Bloom and Donahue (1992) found that there are some needs that

⁷⁸ Examples include Conceptual Level (Harvey et al., 1961; Reitma-Street and Leschied, 1988) and Interpersonal Maturity (I-Level) (Warren et al., 1966; Warren, 1983; Jesness and Wedge, 1983; Jesness, 1988). Van Voorhis (1997) describes the Interpersonal Maturity (I-Level) as a typology that measures cognitive development in relation to self and interpersonal relationships. Client 'types' are differentiated and each type would have different expectations and have different responses to correctional interventions.

⁷⁹ Examples include Megargee MMPI-Based Typology (Megargee and Bohn, 1979), Interpersonal Maturity (I-Level) (Jesness and Wedge, 1983; Warren, 1983), and Client Management Classification (Lerner, Arling and Baird, 1986).

⁸⁰ The Quay Behavioural Classification System (Quay and Parsons, 1972; Quay, 1983) is an example. This system differentiates different personality types referred to as asocial aggressive; immature dependent, neurotic anxious manipulative; and, situational.

predominate more than others. These needs include alcohol and drug dependency (Lambert and Madden, 1976; Martin et al., 1978), poor inter-relationship skills (Lambert and Madden, 1976; Zamble and Quinsey, 1997), insufficient education (Lambert and Madden, 1976; Jurik, 1978; Martin, Cloninger and Guze, 1978; Long, Sultan, Keifer and Schrum, 1984; Bonta et al., 1995), inadequate parenting skills, and a need to recover from traumas (Long et al., 1984; Bonta et al., 1995). Bloom (1998) maintains that programme models should focus on broadening women's range of coping skills and cognitive skills, particularly those related to critical thinking and decision-making; assisting women to express their feelings appropriately; and generally assisting women to enhance their level of functioning across various aspects of their lives. Finally, programmes for women need to emphasize continuity of care, including issues related to child care, housing and developing adequate social supports.

The delivery of such programmes would ideally take a 'relational' approach to model and facilitate the development of healthy relationships. Moreover, a strength-based method should be employed with a focus on relatedness and connection - strengths often associated with women. The intervention environment should be safe, encourage a respect for mutual, rather than hierarchical exchanges, and empower women offenders to believe in and use their abilities. Last, but not least, a gender responsive, holistic approach is recommended.

Correctional staff should adopt a style of facilitation that is understanding and empathetic with each women's experiences, and act as positive role models and mentors for participants. Moreover, Brown et al. (2000:238) advise staff to work on issues of priority as defined by the individual and those that the woman believes that she is ready to change.

Being Maori as a Responsivity Issue - The literature provides a variety of guidelines to facilitate a responsive approach to delivering treatment interventions to Maori.

First, many commentators advocate the use of a holistic approach to working with Maori clients - a pathway that ensures their attainment of total well-being. Sachdev (1989:966) states that any intervention with Maori should be multi-dimensional including the "spiritual (te taha wairua), psychic (te taha hinengaro), physical (te taha tinana) and familial relationships (te taha whanau). Durie (1997) and others (Broughton, 1993; McFarlane - Nathan, 1997) advise that a holistic approach would be 'outward' looking and thereby integrate the client's relationship to

the wider world - and integration of the spiritual and the secular, together with a consideration of the client's interdependency with whanau, whenua and other cultural institutions.

According to these and other authors, such an approach would require the inclusion of a number of principles and concepts including;

- *wakawhanaugatanga* (inter and intra family relationships) - Durie (1985) and others (Hakiaka, 1997; Hirini, 1997; Evans and Paewal, 1999; Rotorua: Cultural Heart of New Zealand, 1999) state that it is essential to make provision for the presence of the individual's whanau during the assessment and intervention phases of treatment. Durie (1985) advises that the therapist should talk to the whanau, not the individual; while the authors of the 1999 publication, Rotorua: Cultural Heartland of New Zealand, reported that informants commented:

The whanau appreciated being invited to participate for they often felt excluded from mental health services. They felt empowered when they could give something back to mental health services for the care their kin and whanau had received. Reciprocity is important for Maori and the giving and receiving of koha is symbolic, it gives the giver and receiver mana (power).

The authors of this same publication, also note that such hui involving significant others, emphasizes the importance of hearing the views of others. They describe such views as "taonga from the kete" (a gift from their basket); and that providing a mechanism which gives significant others an opportunity to express their opinions is at the heart of the concept of 'consultation.' Evans and Paewal (1999) add that such mechanisms reflect the collective nature of Maori culture.

- *Mauriora* - Durie (1995) describes mauriora as "the essence of a person," and that a vital aspect of this concept is the 'spirit.' While acknowledging that an individual's mauri depends on many things, he emphasizes the importance for the individual of knowing who they are - having a knowledge of their whakapapa (genealogy). In a later 1997 publication, Durie comments that possessing a knowledge of one's whakapapa is an essential component of the individual's sense of their cultural identity. Broughton (1993) also picks up on this point. He notes that the importance of acknowledging and knowing one's whakapapa is somewhat more than establishing the links with one's whanau, hapu and iwi. Such knowledge also provides the individual with ancestral links and a place to stand (turangawaiwai) where they have special rights and privileges. According to Evans and Paewal (1999:29), the strength derived from being provided with the opportunity to access such knowledge through a treatment intervention, is that the individual then has "a secure base from which they can then go out and investigate and interact with the world."

- *Participation, Protection and Partnership* - While Durie (1997) and Broughton (1993) explain the importance of whakapapa to the cultural identity of Maori, Durie (1997) eludes to other principles and processes that contribute to what he refers to as an individual's 'psychological sense of being Maori.' In this light and in the context of service provision, he notes the importance for Maori of being able to access a range of resources characteristic of modern Maori society - resources that are economic, societal, cultural, physical and institutional in nature. For example, Tauri (1999) notes the usefulness of delivering services for Maori in a culturally-appropriate environment, such as a marae. Hirini (1997) states that a culturally-competent service provider would be aware of, and work collaboratively with Maori helping agents and agencies existing in the individual's community, to deal with "spiritual issues" and "to promote progress and healing" for Maori clients. Examples of such helping agents might include tohunga, Kaumatua and Kuia, Maori clergy and whanau. According to Sorrenson (1998) ensuring the effective participation of such helping agents, is a necessary requirement for service providers if they are to deliver responsive services for Maori. He suggests that the Maatua Whangai structure is an excellent vehicle with which to promote and facilitate such participation.

The 1999 publication, Rotorua: Cultural Heart of New Zealand, demonstrates the importance for Maori clients of being able to participate in local hui and social events, as well as being involved in traditional cultural activities, such as kapa haka (Maori action songs), learning and using te reo, and music. Hakiaka (1997) comments on the special significance of waiata as a means for clients "to vent their feelings" and to provide "evidence of genealogy, tribal, sub-tribal and family history, and other such idiosyncrasies."

From a more general perspective, Evans and Paewal (1999) maintain that the inclusion of such traditional Maori treatments and practices, is essential if the principles of partnership, protection and participation reflected in the Treaty of Waitangi, are to be effectively operationalized. These authors and others (Ministry of Health, 1995; Durie, 1997; McFarlane-Nathan, 1997; Bhui, 1999; Rotorua: Cultural Heartland of New Zealand, 1999; Tauri, 1999) maintain that culturally competent service providers would:

- Respect and accept on an equitable basis the "different theoretical approaches" of Maori helping agents and encourage shared decision-making with respect to the treatment of Maori clients - the partnership principle.

- Encourage both individual and collective self-determination (tino rangitiritanga) to ensure that Maori maintain control over the delivery of their services, the choices individuals make about their lives, and that service delivery outcomes reflect Maori expectations - the principle of protection.
- Provide the means (skills and knowledge) with which clients, whanau and other Maori helping agents, can determine which interventions will be most appropriate and effective for those in receipt of treatment services - the principle of participation.⁸¹
- *Whakamanawa (and Awhi)* - Durie (1995) notes that in the context of the delivery of culturally-appropriate professional services, the concept of whakamanawa should be embraced. He advocates that workers “encourage” and ‘care for” Maori clients during the treatment intervention. Moreover, he draws our attention to the appropriateness, from a Maori perspective, of incorporating the notion of awhi (‘touching people, rubbing them, massaging them, within a cultural context”) whilst working with Maori clients.

Maori Helping Agents Work with Maori Clients - McFarlane-Nathan (1997) and other commentators (Ministry of Health, 1995; Tauri, 1999) maintain that ideally Maori professionals should work with Maori clients. While this is the preferred match between worker and client, these writers also recognize that there is a paucity of trained Maori professionals to meet the demand for service by Maori. The Ministry of Health’s 1995 publication, suggests that in cases where Maori professionals are not available within a helping agency to work with Maori clients, that other staff work collaboratively with Maori helping agents or agencies in the local community.

McFarlane-Nathan (1997) comments that the significance of working within the context of such a collaborative framework, is that the philosophical views of Maori and Pakeha are somewhat divergent, and that without the input of a Maori helping agent “transference and

⁸¹ The cognitive/behavioural theories and approaches presently predominate correctional treatment intervention regimes. Commentators in the literature appear somewhat at odds about the appropriateness of such approaches for working with Maori. For example, Hirini (1997) cautions that such approaches promote independence rather than inter-dependence; and that the focus on ‘thoughts and actions’ excludes the spiritual dimension. Referring to the earlier writings of Durie (1977) and Sachdev (1990) he writes: “Te taha wairua or the spiritual dimension is considered a significant dimension in a Maori world view.” Against this view, McFarlane-Nathan (1997) maintains that the cognitive/behavioural approach can be successfully utilized within the context of cross-cultural service delivery, if the worker focuses on the “socio-centric,” rather than the “egocentric” self (that is, the whanau rather than the individual), together with utilizing a cause-and-effect framework with which to explore the historical and life events that led to the “antecedents and consequences” of the behaviours under investigation.

counter-transference of the different cultural values” is likely to come into play, thereby mitigating the potential effectiveness of service delivery.⁸²

Standard - *The Intensity of the Correctional Intervention Must be Commensurate with the Offender's Level of Risk*

Findings from correctional evaluation studies show that intensive intervention programming should be reserved for those offenders classified as high risk. Conversely, low risk offenders should receive minimal interventions (O'Donnell et al., 1971; Baird et al., 1979; Andrews and Kiessling, 1980; Andrews and Friesen, 1987). These evaluation studies found that the recidivism rate of low-risk offenders was considerably lower when they received minimal interventions, compared to when they received intensive interventions. Conversely, the recidivism rates of high-risk offenders were considerably lower when they received intensive interventions, compared to when they received minimal interventions (Andrews, Bonta and Hoge, 1990; Andrews, Zinger et al., 1990; Bonta, 1991; Gendreau, Cullen and Bonta, 1994; Andrews and Bonta, 1994).

Of examples of less intensive interventions, Leschied (1998) includes “community service, fines, restitution and low level community monitoring.” Lauen (1997:204) and Van Voorhis (1997:83) contend that residential programmes, probation with intensive monitoring and risk management strategies, boot camps, and high levels of treatment, are examples of more intensive interventions.

Over what period; how much treatment; and how frequently should contacts be for high-risk offenders subject to intensive service? Commentators variously respond to this question. Gendreau (1996:120), Lauen (1997:145), and Latessa and Allen (1997:404) maintain that an intensive intervention should occupy 40-70% of an offender's time whilst subject to the programme and be between 3 and 9 months duration. Gendreau and Goggin (1997:273) describe an intensive intervention as one that entails at least 100 hours of programming spread over a 3-4 month period. Lipsey (1995:76) agrees that the number of hours of intervention

⁸² McFarlane-Nathan (1997) describes a training programme for Non-Maori therapists - a training programme with the aim of assisting workers to become culturally competent. This training programme involves a number of stages which incorporate aspects of ‘conscious raising and cognitive understanding;’ ‘experiential understanding;’ and skills training, which assists workers to behave in a culturally appropriate manner and identify their own cultural limitations.

should be about 100, but adds that this amount should involve more than two contacts each week and cover a period longer than 26 weeks.

Standard - *The Intervention Must be Generally Responsive to the Offender Population and in Particular Adopt Behavioural, Cognitive, Cognitive/Behavioural and/or Social Learning Methods*

MacKenzie (2000:464) and others (Reid and Epstein, 1972; McGuire, 1995:15; Raynor, 1996:250; Andrews, 1998:9; Losel, 1998:14) state that effective correctional programmes should be structured and focused. In particular, the modules that comprise such programmes should follow a logical sequence; and, the general approach should include clear goals and expectations to direct the offenders' involvement in treatment, together with a specific and concrete approach to problems that are mutually acknowledged by both the offender and therapist. In addition, McGuire (1995:15) and Losel (1998:14) point out that active and participatory methods of working best suit the learning styles of the majority of offenders.

Raynor (1996:246) observes that such programmatic characteristics are encapsulated in the behavioural, cognitive and social learning approaches. Many other authors agree (Andrews et al., 1990; Andrews and Bonta, 1994; Ross, Antonowicz and Dhaliwal, 1995; Gendreau, 1996; Palmer, 1996; Dowden and Andrews, 2000). Dowden and Andrews (2000:453) write:

General responsivity states that the most effective types of service for inducing positive behavioural change are based on the cognitive behavioural and social learning approaches.

*Behavioural Approach*⁸³ - Many researchers have found that the methods used in a behavioural approach to correctional intervention illicit positive outcomes for offenders (Gendreau and Ross, 1979, 1987; Rutter and Giller, 1983; Garrett, 1985; Geismar and Wood, 1986; Mayer et al., 1986; Gottschalk, 1987; Andrews, Zinger et al., 1990; Lipsey, 1992; MacDonald and Sheldon, 1992). Behavioural approaches are based on the principles of operant conditioning - principles that are heavily reliant upon the concept of reinforcement. Essentially reinforcement is used to increase and strengthen pro-social behaviours in order that offenders will continue to use them in the future (Gendreau, 1996:120; Lauen, 1997:145). Gendreau (1996:121) comments that positive reinforcers can be social or tangible in nature, or involve activities. He

⁸³ MacDonald (1994:419) suggests that a behavioural approach might focus on deficits (for example, educational underachievement, lack of occupational skills or lack of self-control) or excesses (for example, substance abuse, verbally abusive behaviour or violent outbursts).

cites token economies as one example where this approach is used to motivate offenders to employ pro-social behaviours. The successful application of reinforcers is dependent upon a number of conditions. These conditions include:

- Positive reinforcement must be employed in a manner that is contingent upon desired behaviours being demonstrated.⁸⁴
- Negative reinforcers (for example, increasing surveillance) must be used sparingly:
- Contingencies must be applied in a firm, but fair manner:
- The application of positive to negative reinforcers must be employed in a ratio of 4:1 (Trotter, 1993, 1995 and 1996; Gendreau, 1996:123; Latessa and Allen, 1997:404; Lauen, 1997:146).

Cognitive Interventions - Researchers have also found that cognitive approaches used in a correctional context are effective in bringing about desired changes for offenders (Garrett, 1985; Andrews, Zinger, Hoge, Bonta, Gendreau and Cullen, 1990a; Izzo and Ross, 1990; Lipsey, 1992; Antonowicz and Ross, 1994). Van Voorhis (1997:163) notes that cognitive interventions generally fall into two categories - cognitive restructuring programmes, which aim to change the content (attitudes, beliefs and values) of offenders' thoughts; and cognitive skills programmes, which focus on improving offenders' thinking processes. Cognitive restructuring programmes challenge offenders' internalized antisocial values (Kohlberg, 1976; Jennings, Kilbenny and Kohlberg, 1983); and, irrational beliefs (thinking errors) such as all-or-nothing, over-generalization, mental filter, disqualifying the positive and catastrophising (Sykes and Matza, 1957; Yochelson and Samenow, 1976; Burns, 1980; Samenow, 1984, 1989; Ross and Fabiano, 1985). Rationale Emotive Therapy is an example of a cognitive restructuring programme (Ellis, 1973).

Cognitive skills programmes tend to focus on the structure and form of offenders' reasoning. This type of cognitive intervention would provide offenders with skills for self-control; problem-solving skills; planning skills; the ability to empathize with others; the means with which to shift from concrete ways of thinking to thinking that is open to a range of interpretations; decision-making skills; skills to avoid risky situations; and, the ability to consider the likely consequences of one's actions (Ross and Fabiano, 1985; Goldstein and

⁸⁴ Desired behaviours might include keeping appointments, being punctual, undertaking community work, attempting to solve problems, accepting responsibility for one's behaviour, and understanding others' perspectives (Trotter, 1993).

Gluick, 1987, 1995; Fabiano, Porporino and Robinson, 1991; MacDonald, 1994:419; Robinson, 1995). Examples of this type of cognitive intervention include self-instructional training and stress inoculation training (Meichenbaum and Jaremko, 1982).

Social Learning Interventions - While the classical and operant conditioning inherent in behavioural approaches are important to offenders' learning within the context of correctional treatment, Van Voorhis (1997:145) and others (MacDonald, 1994:413; Ross, Antonowicz and Dhaliwal, 1995; Lester and Van Voorhis, 1997:155; Andrews, 1998:5; Losel, 1998:14; Dowden and Andrews, 2000) note that most human learning occurs through observation and imitation - learning that is often referred to as vicarious learning. With this knowledge, techniques such as modeling, role playing, rehearsal and graduated practice are regarded as essential to the development of pro-social thinking and behaviour amongst the offender population, as well as the acquisition of new social and coping skills (Sarason and Ganzer, 1973; Andrews and Kiessling, 1980; Andrews et al., 1990; McGuire, 1995:93; Ross and Fabiano, 1995).

Effective role modeling⁸⁵ (that is, individuals whose behaviour is likely to be imitated) requires a number of individual and process factors. These factors include:

- Individual attractiveness, competence and being rewarded for one's behaviour (Bandura, Ross and Ross, 1963; Bandura and Walters, 1963; Bandura, 1965, 1977):
- Encouraging offenders to participate in discussions about, and the practice of, pro-social thinking and behaviour in order to experience the change (Andrews, 1980):
- Criticism that focuses on the offender's behaviour, rather than the person:
- Models holding a belief in offenders' ability to change, together with a belief in their inherent worth as individuals (Andrews and Bonta, 1994).

Standard – *The Therapeutic Community*

Yablonsky (1989) contends that the therapeutic community is an important approach for those whose lives are dominated by drugs and/or alcohol. He writes that a number of factors must

⁸⁵ Andrews and Bonta (1994) provide a number of examples to illustrate 'anti-criminal modeling.' These examples include correcting any negative attitudes toward Police, Courts and Correctional agencies; modeling 'anti-criminal expressions' such as emphasizing negative consequences of offending, rejecting criminal cognitions and identifying the risks of associating with criminal others and accepting their belief systems; insisting on attendance and the completion of assignments in the treatment plan; and, reinforcing anti-criminal expressions, such as responsible work habits.

exist in a treatment intervention before it can be described as a therapeutic community. These factors include: voluntary entrance; the use of various group methods, especially the encounter group process; the presence of recovering addicts as cotherapists; and a structure that invites the addict to move to increasingly responsible therapeutic positions.

The success of the therapeutic community hinges on a number of programmatic elements. Yablonsky (1989:191-194) describes these as involvement; achievable success goals; new social role; social growth; self-identity and empathy; and, social control.

Standard - *The Most Effective Correctional Interventions are Multi-modal or Multi-faceted*

While the adoption of a particular approach (behavioural, cognitive or social learning) to correctional treatment has been shown to result in positive outcomes for offenders, researchers agree that a multimodal approach produces enhanced 'effect sizes.' A multimodal approach to correctional treatment involves the combination of different theoretical approaches; intervention in a variety of areas of offenders' lives (for example, employment, education, treatment and restitution); and recognizes and addresses a variety of problem areas associated with offending - a disposition that Palmer (1992) refers to as the 'depth principle' (Gendreau and Ross, 1979; Panizzon et al., 1991; Lipsey, 1992; McGuire, 1995:15 and 74; Ross, Antonowicz and Dhaliwal, 1995; Gendreau and Goggin, 1997:273; Losel, 1998:14; Dowden and Andrews, 2000; Mackenzie, 2000:464).

Spiegler and Guevremont (1993) inform that a combination of cognitive/behavioural and social learning approaches aim to change the cognitions, attitudes, values and expectations that maintain offenders' behaviours. Commentators have suggested a number of elements must be present in such multimodal approaches if this form of intervention is to be delivered with integrity. These elements include the presence of;

- modeling, reinforcement (positive for using new-found skills and negative if in the context of dense approval), graduated practice, rehearsal, role-playing, cognitive restructuring, detailed verbal guidance and explanations including giving reasons and making suggestions;
- the employment and training of skilled role models;
- the identification of goal behaviours for offenders that are manageable and attainable; and,

- provisions with which to facilitate the generalization of newly-learned behaviours in settings outside the correctional environment (Andrews et al., 1990; Ross, Antonowicz and Dhaliwal, 1995:9; Van Voorhis, 1997:155; Andrews, 1998:5; Dowden and Andrews, 2000:453).

Standard - *The Programme Should Include Contingencies that Support and Encourage Offenders to Change*

Andrews (1995:43) is of the view that offenders should not be excluded from correctional treatment on the basis of their lack of motivation to change. Miller and Rollnick (1991) maintain that programmes should be designed to include a range of motivational techniques to build offenders' commitment to, and ultimately reach a decision to, change. The literature notes a range of effective motivational strategies. For example, Harper and Hardy (2000:394) suggest the use of directive and non-directive open questions; reflective listening; affirmation; and, the use of summary.

Miller and Sanchez (1993) suggest the following process for optimizing offender's motivation for change. This process includes, providing clients with impartial feedback; imbuing offenders with a sense of responsibility by emphasizing their role as decision-makers; providing advice with warm regard; offering a range of options for action; showing empathetic understanding; and, reinforcing the offender's self-efficacy. Lauen (1997:149), drawing on the work of a number of motivational therapists (Prochaska and DeClemente, 1982; DeClemente, 1991; Miller and Rollnick, 1991), illustrates in Table 7 the specific tasks for the therapist who is endeavouring to facilitate the offender's movement from one stage of change to the next.

Table 7: Motivational Stages of Change and Therapist's Task

Client Stage	Therapist's Motivational Task
Precontemplation: do not recognize a problem. Behaviour: reluctance, rebellion, resignation, and rationalization	Raise doubt; increase the client's perception of risks and problems with current behaviour
Contemplation: a paradoxical, ambivalent stage, thinking about change but not yet committed to it	Tip the balance; evoke reasons to change and risks of not changing; strengthen the client's self-efficacy for change of current behaviour
Determination: decide to take appropriate steps to stop the problem and make a commitment to action	Help the client to decide on the best course of action to take in seeking change
Action: make a public commitment to do something, get external confirmation of the plan, seek support	Help the client to take steps towards change
Maintenance: a three-to-six month stage, build new patterns of behaviour	Help the client to identify and use strategies to prevent relapse
Relapse: return to negative behaviour	Help the client to renew to process of contemplation, determination, and action without becoming stuck or demoralised because of relapse

Source: Lauen, 1997:149.

Standard - The Programme Integrates the Social and Personal Resources of Each Offender into the Intervention to Support and Maintain Change

Losel (1998:17) and others (Rutter, 1985; Losel and Bliesener, 1994) have found that the effectiveness of a correctional intervention can be enhanced, if the programme incorporates the offender's positive personal and social experiences and resources (if present) as a leverage to support and maintain change. These authors note a number of examples of such 'protective factors;':

- offenders' cognitive and social competencies;
- an 'easy' temperament;
- offenders' experiences of self-efficacy in areas of education, employment or leisure;
- offenders' attachment to a stable reference person; and,
- encouraging social support outside the family.

Standard - *The Programme Disrupts Pro-criminal Associates*

With the knowledge that pro-criminal peer associates are strongly correlated with the development and maintenance of criminal behaviour, wherever possible the programme should place offenders with people and in places where pro-social alternatives predominate (Havassy et al., 1991; Read, 1996; Latessa and Allen, 1997:404; Lauen, 1997:151).

Standard - *The Programme Incorporates Relapse Prevention Strategies*

While Losel (1998:18) notes the scarcity of outcome research focusing on the efficacy of combining correctional treatment programmes with relapse prevention measures,⁸⁶ a number of authors recognize the inherent value of including post-treatment strategies, including maintenance groups and the employment of support systems to positively reinforce offenders' maintenance of change (Gendreau, 1995; Gendreau, 1996; Hurst, 1997:269; Latessa and Allen, 1997:405; Lauen, 1997:147; Zamble, 1998). This support for some form of post-treatment regime appears essentially pertinent in the light of research that indicates a decline in treatment efficacy two or more years after programme participation.

Hurst (1997:269) and Epps (1996) note that relapse prevention strategies have a number of general and specific goals;

- to maintain change;
- to ensure that offenders continue to utilize newly-learned skills after treatment;
- to ensure offenders continue to manage high-risk situations;
- to ensure that offenders can recognize the psychological and situational factors that result in relapse;
- to learn and practice methods for avoiding risk, or in cases where risky situations cannot be avoided, practice techniques which deal with triggers and mitigate risk.

Gendreau (1996:125) describes the main components of a relapse prevention approach:

- Plan and rehearse alternative pro-social responses.
- Monitor and anticipate problem situations.
- Practice new pro-social behaviours in increasingly difficult situations and reward improve competencies.

⁸⁶ Research concerned with the efficacy of the relapse prevention model has to date mainly focused on the application of this model to sex offender populations (Laws, 1989; Pithers, 1990); and, offenders with alcohol and drug dependencies (Annis, 1986; Peters, 1993; Prendergast, Anglin and Wellisch, 1995; Epps, 1996; McMurren, 1996).

- Train significant others, such as family and friends, to provide reinforcement for pro-social behaviour.
- Provide booster sessions to offenders after they have completed the formal phase of treatment.

McGuire (1995:43) maintains that such 'booster sessions' should be structured and focus on maintaining coping mechanisms.

Standard - Brokerage to other Community-based Services Should Only Occur if Such Programmes are Appropriate for Offenders and their Offence-related Needs

Gendreau (1996:125) comments that programmes should only refer offenders to alternative services in the community, if such services possess components associated with effective correctional programmes.

Standard - Group Intervention Should be the Delivery Method of Choice in Most Situations

MacDonald (1994:414) maintains that there is a strong correlation between delivering correctional interventions in the context of a group and positive outcomes for offenders. She found that not only do groups enhance the impact of the intervention strategy used, but they are also cost effective. Lester et al. (1997:191) agree. Yalom (1970) notes a number of other positive consequences ensuing from the group process. Some of these consequences include;

- information derived from multiple sources;
- instilling confidence that change is achievable;
- overcoming social isolation;
- helping others in the group, thereby instilling a sense of altruism;
- a place to develop inter-relationship and socialization skills;
- vicarious learning of pro-social behaviours and thoughts; and,
- a place to receive social support.

Standard - Where Possible Correctional Interventions Should be Delivered in the Community

Some commentators in the literature contend that the negative effects of institutionalization and prisonisation are so all-encompassing that any rehabilitative attempts are unfeasible (Silberman, 1980; Losel, 1998). Despite this pessimistic view, research findings paint a somewhat more

optimistic, if not cautious, result. For example, Antonowicz and Ross (1994) and others (Greenberg, 1977; Lundman, 1984) maintain that there is no difference between the level of effectiveness of prison-based programmes and community-based programmes. Some other authors found that community-based correctional interventions are slightly more effective than those delivered in the prison environment (Wright and Dixon, 1977; Rutter and Giller, 1983; Van Voorhis, 1987). Then there are those research findings that show that prison-based programmes can result in a reasonable size effect, although not as good as when the same programme is delivered in the community (Whitehead and Lab, 1989; Andrews, Zinger et al., 1990; Izzo and Ross, 1990; Lipsey, 1992). To illustrate Gendreau and Goggin (1997:272) maintain that appropriate correctional interventions⁸⁷ delivered in the prison environment can reduce recidivism by between 20-35% (Borduin et al., 1995; Gordon, 1995).

Considering the evidence at hand, it appears that on the whole the community-based delivery of appropriate correctional programmes produce more effective outcomes for offenders than those delivered in a prison setting (Andrews et al., 1990; McGuire, 1995:15; Lauen, 1997:161). The level of effectiveness of prison-based programmes appears to depend on the presence of a range of personal (for example, age, coping mechanisms, group relationships), situational (for example, the level of motivation, training and attitudes of prison staff) and organizational (for example, a climate where a pro-social atmosphere is present) factors (Moos, 1975; Zamble and Porporino, 1990; Cooke, 1992; Staton et al., 2000). Comparatively, the greater effect size achieved by delivering correctional programmes in the community, can probably be attributed to the proximity of such programmes to offenders' home environments, where there is a greater chance for 'real-life' learning (McGuire, 1995:15).

5.6 Monitoring and Evaluation for Service Implementation

Measuring Performance and the Domains From Which to Develop Performance Indicators

Standard - *Evaluation of Process* - An evaluation of process involves:

- a description of how the programme was conceptualized, planned and implemented;
 - a description of any modifications of the intervention strategies;
 - an exploration of staff and client characteristics and their perspectives on the programme;
- and,

⁸⁷ Examples cited include the Rideau Correctional Centres anger management and relapse prevention programme (Marquis and Goguen, 1995) and Stay 'n Out Substance Abuse Programme (Lipton, 1996).

- an examination and explanation of the variables and the processes which contribute to the outcome (success or failure) (Krisberg, 1980; Scarpitti, Inciardi and Pottieger, 1993; Merrington, 1998:67; Staton et al., 2000:105).

Performance indicators with which to assess the potential effectiveness of a programme might include those related to the programme, the staff, the target population, and operational considerations.

Performance Indicators for the Programme -

- a theoretical orientation that effectively addresses offending behaviour (Palmer, 1996:173);
- programme goals and purpose which form an intermediary link to, or are the ultimate goal of reducing recidivism;
- programme components address the factors underpinning offending behaviour;
- delivery processes are carried out in accordance with the design;
- the number of contacts with the offender are appropriate for the person's level of risk and identified factors underpinning their offending behaviour; and,
- a description of the programme's setting, including type (institutional or community); level of support (family, friends, social service providers); geographical location; and auspices under criminal justice sanctioning.

Performance Indicator for the Staff -

- demographic information;
- educational background;
- practice experience;
- relevant training experience;
- treatment orientation and preferences;
- performance record;
- supervisory support;
- ongoing training opportunities;
- record of clinical decisions in relation to offenders participating in the intervention; and,
- perceptions of the delivery of the programme (Palmer, 1996:173; Losel, 1998:9; Staton et al., 2000).

Performance Indicators for the Offender -

- demographic information (age, gender, employment status, ethnicity);
- criminal justice background (number of previous convictions and previous custodial history);
- offender characteristics in terms of risk, need and responsivity;
- perceptions about the programme's content and delivery (Cooke, 1995; Knott, 1995; Palmer, 1996:173; Lauen, 1997:205; Losel, 1998:9; Dowden and Andrews, 2000; Staton et al., 2000).

Performance Indicators for the Operational Aspects of the Programme -

- referrals - number and appropriateness in relation to the target population;
- adequate financial resources to implement the programme;
- stakeholder support from those both internal and external to the organization;
- communication and marketing plans implemented;
- programme manual prepared;
- quality assurance and monitoring processes planned and operational to detect practice and systemic issues that might threaten the integrity of the programme; and, to assess the performance of staff; and,
- evaluation processes planned and operational (Mair, 1990:88; McIvor, 1995; Losel, 1998:9; Staton et al., 2000).

Standard - Evaluation of Impact - McIvor (1995:212) describes the evaluation of outcome as an assessment of the impact of the programme relative to its goals. Typically the evaluation of outcome would include an analysis of outputs, intermediary outcomes and ultimate outcomes. In relation to intermediate and ultimate outcomes, duration of the effects produced by the programme might also be used as a measure of effectiveness.

Performance Indicators for outputs could include:

- number starting the programme;
- attendance rate;
- offenders' engagement in the intervention process, that is, the level of their active participation;
- percentage of offenders who complete the programme; and,

- percentage of offenders who fail to complete the programme (with reasons)⁸⁸ (Knott, 1995; Andrews, 1998:16; Merrington, 1998:78).

Evaluating Intermediate and Ultimate Outcomes - Authors concerned with outcome evaluations typically recommend the use of an experimental design - a design which randomly assigns offenders to either the intervention group or the control group. Since these two groups are equivalent in every respect except that one receives the intervention and the other does not, any changes noted in relation to the participants of the former group can be attributed to the intervention.⁸⁹

Aside from the experimental design, two other credible designs with which to evaluate outcome are noted in the literature. These designs are:

- The quasi-experimental design, which non-randomly assigns offenders to either the intervention or the control groups, and those assigned are matched using descriptive data (McDonald, 1994; Losel, 1998).
- A pre-experimental design which compares variables of interest before and after the intervention.⁹⁰

Performance Indicators for Intermediate Outcomes - The selection of measures with which to assess changes in a range of domains in offenders' lives must be criminogenic, that is, domains that are causally linked to recidivism (Bonta, 1996:31; Andrews, 1998:16; Losel, 1998:16). Bonta (1996) emphasizes the significance of selecting such measures. He argues that an assessment of those factors linked to criminality, not only facilitates an evaluation of the effectiveness of an intervention, but also serves to pin-point at-risk (of re-offending) clients, so that a proactive intervention can be undertaken and thereby enhance public protection.

⁸⁸ Knott (1995) suggests that rates of completion and non-completion can be used to assess the precision of assessment and targeting practices.

⁸⁹ Petercilia (1996:228) reports that randomized experimental designs are rare in the correctional arena. This design demands considerable time, energy and resources; the inevitable dropout rate reduces the design to a quasi-experimental one; and Cook and Campbell (1979) note that the validity of this design is often threatened by experimental rivalry, unreliable outcome measures, regression or treatment diffusion. In addition, Losel (1998) points out that the effect size can often be inaccurate because what happens to the control group is often not taken into account, and "there is always something happening to this group." Last, Lipsey (1992) has reported that there are no important differences in outcome between randomized and non-randomized offender treatment evaluations.

⁹⁰ Smith and Cantley (1984) describe a pluralistic research design which incorporates both qualitative and quantitative approaches.

Performance measures can be classified into a number of dimensions (Lipsey, 1995:67; Losel, 1998:9; Merrington, 1998:70-72; Kressel et al., 2000:269; MacKenzie, 2000:463; McNeil, 2000:388; Staton et al., 2000). These dimensions are subject to change and include:

1. *Psychological Outcomes* -

- cognitive skills (reality testing, judgment, decision-making, problem-solving);
- emotional skills (appropriate management of affect);
- self-efficacy;
- empathy for others' perspectives; and,
- pro-social attitudes.

2. *Socialisation Outcomes* -

- interpersonal skills;
- work attitude and skills;
- associates with pro-social people;
- acts as an example for others involved in the change process;
- shift away from substance abuse and the associated life-style;
- educational participation and achievement; and,
- participates in pro-social activities.

3. *Developmental Outcomes* -

- maturity (self-regulation);
- responsibility (accountability); and,
- values (pro-social).

Ideally such intermediate outcomes would be assessed using the appropriate psychometric instruments or behavioural/attitudinal checklists before and after treatment. Losel (1995) and Staton et al., (2000) point out that the additional benefits of supplementing such objective measures with 'soft' measures, for example, staff and client perceptions of change following the intervention. These authors suggest that staff might utilize the following criteria with which to subjectively assess positive changes amongst offenders. These criteria include verbal responses, behaviour, choice of associates and performance during the intervention sessions. Of offenders' own perceptions of change, criteria for self-assessment might include level of attendance, degree of participation and a willingness to be open about their experiences, the quality of assignments set, and their ability to overcome obstacles.

Performance Measures for the Ultimate Outcome - With respect to measuring the ultimate outcome, commentators recommend reconviction, re-arrest and rate of parole (if the intervention is delivered in an institutional setting).⁹¹ Cooke (1995) suggests using stepwise logic regression to establish the impact of the programme on post-intervention rates of recidivism. Raynor (1996:253) and Ellis et al. (2000:306) recommend a comparison between predicted and actual rates of reconviction; and, Raynor (1996), Losel (1995) and Knott (1995) comment that the sensitivity of this measure can be enhanced by considering (a judgment based on the severity of the subsequent sanction) the level of seriousness of such recidivism.

5.7 Standards for the Design and Administration of Services and Programmes

Standard - The Programme's Development was a Response to a Widely-Recognized Need

Harris and Smith (1996) maintain that a number of pitfalls can be avoided if the programme is a response to an acknowledged need. Presenting programme proposals in a way to secure funding, and then using such funding for alternative purposes, was one example of such pitfalls noted by these authors.

Standard - The Programme's Design is Supported by an Evidenced-based Theory and this Theory Illustrates the Causal Link Between the Programme's Content Processes and its Outputs and Outcomes

Standard - The Target Group for Programme Entry is Clearly Defined

Successful goal achievement is dependent upon the careful matching of the programme and the target population. Precise screening procedures need to be developed to avoid the tendency for providers to accept offenders outside the target group in order to attract adequate numbers of referrals (Palumbo, Clifford and Synder-Joy, 1990).

Standard - The Programme has a Monitoring System that Assesses the Quality and Integrity of Delivery

To enhance the match between the way a programme is designed and the way in which it is delivered, Harris and Smith (1996:197) advise agencies to adopt the following strategies:

- involve practitioners in the design of the programme;
- provide intensive practitioner training;

⁹¹ The measure of recidivism is not without its problems. There are methodological and definitional difficulties including the exclusion of undetected crime in the official records and the selective reporting and charging processes applied by agents of social control (Losel, 1995; Vass, 1996:163; Latessa and Allen, 1997:376).

- provide practitioners with incentives for compliance with the design specifications; and,
- develop and utilize feedback systems.

In addition, a monitoring system needs to be in place to ensure that the programme is conducted in practice as it was intended in theory and design - that is, the programme is implemented with integrity (Hollin, 1995:196; Andrews, 2001; Hollin, 2001). Researchers suggest a number of standards against which to monitor the integrity with which a programme is implemented. These standards relate to the programme, the practitioners and management:

Programme -

- The offenders targeted for programme participation should be defined and assessed in terms of risk, need and responsivity (Andrews, 1995; Andrews, 2001).
- Researchers are involved in the design and implementation of the intervention. Their presence not only ensures that the programme is delivered as intended, but also their involvement seems to be correlated with successful participant outcomes (Lipsey, 1995:76).
- The programme designer has knowledge and skill in the areas that are the focus of the programme (Andrews, 1995:58).
- The intensity of the intervention received by offenders is tied to their level of risk, need and responsivity (Andrews, 1995:57; Leschied, 1998:5).
- The programme has a manual that outlines explicit guidelines concerning the intervention strategies utilized (Andrews, 1995:57; Palmer, 1996:153; Lauen, 1997:199; Leschied, 1998:4). Hollin (1995:200) recommends that the manual includes a discussion of the programme's theoretical base; a list of the training techniques used; the equipment required; suggestions about practice; the ordering of programme components; and, scales to evaluate outcomes.

Practitioners -

- Practitioners are trained, supported and supervised (Andrews et al., 1990; Andrews, 1995:43 & 57; Hollin, 1995:204; Leschied, 1998:4).
- The supervisors of practitioners are trained (Andrews, 1995:57).
- Practitioners are involved in decision-making (Hollin, 1995:205).

Management -

- Adequate resources are available to achieve the aims of the programme;
- The organizational structure facilitates communication and accountability (Hollin, 1995:205);
- Adequate management technology is available to meet reporting requirements; to facilitate information gathering and collation for evaluation purposes; and, to provide information to inform budgeting plans and requirements (Lauen, 1997; Vanstone, 2000:179);
- The programme has monitoring and evaluation plans that are executed (Andrews, 1995:57); and,
- The programme has a policy which details the methods used to monitor the level of integrity⁹² with which the programme is practised. Examples of such methods include observational methods; practitioner reports; and, offender reports (Hollin, 1995:201).

5.8 Management Standards for the Implementation of Correctional Services

Harris and Smith (1996:184) and others (Williams, 1976; Palumbo, Musheno and Maynard-Moody, 1984) note that the success or failure of a policy or programme often lies with the way in which it is implemented. Within the correctional context, Gendreau and Ross (1987) report that deficits in the management of programme implementation have been a major problem in achieving effective outcomes. Andrews (1995:43) maintains that implementation can be effective if organizations adopt change management perspectives and processes. An analysis of such perspectives and processes would answer questions concerning the factors underpinning the outcome (either a successful or unsuccessful outcome) of a policy or programme - that is, whether that outcome was the result of the programme's design and/or the implementation processes adopted (Kelling, Edwards and Moore, 1986; MacKenzie, Shaw and Gowdy, 1993). In addition, monitoring implementation processes can be useful for funding authorities to assess the likely potential of programme providers; as well as providing essential information to inform both formative and summative evaluations.

Standard - *The Service Must Have a Vision Statement and Goals*

A number of commentators note that services must have a clear vision statement and related goals and that these are essential factors driving the successful implementation of a programme

⁹² Hollin (1995:201) notes three means with which the integrity of a programme can be threatened. These means include programme drift (aim changes); programme reversal (theoretical shift); and, non-compliance (different targets, sessions dropped, new methods introduced).

(Elmore, 1982; Lippitt, 1983; Ackoff, 1984; Redlinger and Shanahan, 1986; Weisbord, 1992). The service's vision gives direction to subsequent goal development and programme planning. Nakamura and Smallwood (1980) maintain that programmes' goals should be clear, realistic and be developed in relation to a perceived need with the assistance of pertinent stakeholders. The importance of a service's vision and a programme's goals is succinctly described by Harris and Smith (1996:191). In their words - "without a clear sense of what we want, we have no way to assess what we have."

Standard - *The Goals and Practices of the Programme Must be Congruent with Those of the Larger Organization with which it is a Part*

Standard - *The Programme must Consult with and be Supported by Relevant Stakeholders*

Andrews (1995:45 &58) advises that consultation with and the support of key stakeholders enhances the effectiveness of a programme's implementation and outcomes. Key stakeholders might include politicians, top managers, professional people (practitioners, both internal and external to the agency), and other external stakeholders such as judges and lawyers. For example, committed and effective managers with strong leadership abilities assist the forward movement of the programme's implementation process, enable opportunities to be grasped and pitfalls to be avoided, as well as generating enthusiasm and commitment from others (Petersilia, 1990; Raynor, 1996:250).

Harris and Smith (1996:191) state that a close relationship between managers and practitioners - one based on credibility and trust - is beneficial to successful programme implementation. Neises (1990) maintains that practitioners' commitment can be enhanced by involving them in the development of a programme and once designed, by providing adequate training. McLaughlin (1976) adds that allowing practitioners to define their role within the context of the programme and involving them in any problem-solving processes during implementation are useful strategies for maintaining such commitment.

Rothman, Erlick and Teresa (1976) and Petersilia (1990) maintain that the commitment of key external stakeholders, such as the Judiciary and lawyers, can be enhanced if they are offered the opportunity of witnessing either a demonstration or a pilot programme in action. The programme must also consider the impact of implementation on inter-government department strategies and actions.

Standard - *Clear Lines of Authority Must be Evidenced in the Programme*

The implementation would benefit from employing a person to champion the programme. This person would be responsible for answering questions and responding to problems.

Standard - *The Programme has Developed a Plan Which Outlines Implementation Procedures*

Standard - *The Programme has Ascertained that the Benefits of Implementation Outweigh the Costs*

Standard - *The Programme has Developed a Clear Communication Plan*

Neises (1990) comments on a number of successful communication strategies. These strategies include clear statements concerning the need that the programme addresses; specified and regular times for stakeholders to discuss concerns; and, the use of a network of programme advocates, both internal and external to the agency.

Castle (1991) suggests the types of information that appear important during the implementation process. This information includes:

- a description of the programme;
- feedback to decision-makers (for example, Judiciary, supervising practitioners) on the progress of individual cases - information which may well inform future sentencing or case management decisions;
- participants' programme performance; and,
- evaluative information, such as the relative benefits, outputs and outcomes.

Standard - *The Agency has Identified Links Between Current Agency Practice and Practice Within the Context of the Programme*

Harris and Smith (1996:193) observe that the greater the divergence between current and proposed practices, the greater the problems associated with implementation.

Standard - *The Agency Must Employ Competent Staff, Provide Relevant Training and Ensure There are Adequate Resources to Support such Initial Training and Ongoing Training* (Hollin, 1995:204; Raynor, 1996:250).

Standard - *The Agency Must Demonstrate a Reasonable Degree of Staff Retention and Stability*

Organizational stability, especially in relation to the programme's key players, enhances successful implementation.

Standard - *The Service must have Adequate Resources to Implement the Programme*

Andrews (1995:59) recommends that the agency's budget covers the initial and ongoing costs of the programme. He cautions that the financial support for pilot programmes is rarely ongoing. Raynor (1996:251) points out that an agency's use of correctional risk and needs assessment instruments has greatly facilitated their development of a business case for acquiring resources. For example, the use of such instruments enables agencies to define and rationalize budgeting requirements in terms of treatment hours required for defined numbers of offenders classified according to level of risk and degree of need.

This then concludes the examination of the methodological and theoretical areas that are pertinent to this research study. The following chapters describe the findings of the research.

PART TWO:

THE FINDINGS OF THE RESEARCH

SECTION 2.1 Performance and the Transfer of Private Sector Contracting Technologies to the Public Sector

This section of the results begins by describing the informants’ experiences of the contractual relationship associated with the Community Programme and Maatua Whangai Programme Fund. This description is followed by their respective assessments of the benefits that they associate with indirect government in a correctional setting. Finally, CPS informants share their thoughts about the contrast between the direct and indirect provision of community-based correctional services.

Note that in this and subsequent sections of the results, the source of the data (survey data, 1998; CPAI data, 1998; secondary data, 1997/98) and the date of collection are noted at the bottom of each table. Also, in many of the tables (for example, Table 9) the percentages noted against each category reflect the frequency of times members of each informant group (Area Managers; ‘Contract Managers’; providers) responded to a question within the various categories noted. For example, Table 9 shows that when asked about the benefits of indirect government, 10 of the 14 (71%) Area Managers interviewed commented that one benefit was that it increased the range of services available to offenders.

Chapter 6: Perspectives on the Benefits of Indirect Government

Members of the three informant groups were questioned about the length of time they had been involved in the Community Programme and Maatua Whangai Programme Fund contractual relationship. Table 8 illustrates the average length of this contractual relationship for each informant group – a relationship that covered a number of years for each of the parties.

6.1 The Informants’ Experiences of the Contractual Relationship

Table 8: Length of Relationship Between CPS and Non-Government Service Providers

Informant Group	Average Length of Contractual Relationship (years)
Area Managers	9.1
‘Contract Managers’	4
Providers	4.1

Source: Survey data, 1998

Area Managers – The 14 Area Managers interviewed for this study had on average 9.1 years of experience purchasing indirect services.

Most Area Managers reflected that, the restructuring of the Department of Justice and the creation of the Department of Corrections in late 1995, had a significant impact on the way in which they related to contracted service providers in the community. For them the change involved a move from somewhat intimate relationships, with frequent “face-to-face” contact between the parties, to one that was somewhat more remote. Nowadays these “personal contacts are lost.” Most Area Managers preferred to devolve this day-to-day contact to lower-level managers or to liaison field staff, perceiving this activity as part of a Service Manager’s responsibility for service delivery.

Apart from 1 Area Manager, whose keen interest in community development and preference for a “ hands-on approach “ resulted in some time each week (20%) devoted to provider liaison, most other Area Managers had adopted a more formal and distant approach to relationships with external service providers. For example, they either limited their contact with indirect providers to an annual meeting to sign the contractual agreement between the parties; or, they adopted a “trouble-shooting” role, only making contact with service providers

to solve issues. For example, such issues, they stated, often originated from situations where providers were contracted even though their agencies failed to meet the minimum standards set for approval.

The 'Contract Managers' – Those comprising this informant group had on average 4 years experience undertaking the 'contract management' responsibilities associated with the Community Programme and Maatua Whangai Programme funds. The reported years of experience undertaking these responsibilities ranged from 3 months to 10 years.

On average 'Contract Managers' devoted 24% of their work to this role. Apart from 2 informants who held full-time 'Contract Management' positions and whose involvement with service providers and the wider community was extensive, the contract management responsibilities of the others were additional to the other roles (Area Manager; Service Manager; Probation Officer) they undertook within the CPS. While all 'Contract Managers' reported completing the basic contract management tasks, for example, preparing the Area Fund Plan and contract monitoring – tasks which they estimated, on average, took 13% of their working week – they stated that their other contact with non-government organizations was limited to "dealing with issues as they arose." They maintained that they were unable to devote any more time to contracting and/or community relationships, mostly because of the demands of their other operational roles, for example, managing teams of staff or managing caseloads of offenders.

While in the main the relationship between the 'Contract Managers' and the service providers appeared similar to that reflected by the Area Managers - somewhat distant - they added that the Areas' Probation Officers, particularly those responsible for sentence management, adopted a relationship with the principal service providers that was described as 'frequent,' 'friendly' and 'cooperative.'

Providers – The provider's experience of the contractual relationship with the Community Probation Service ranged from 1 year to more than 10 years, with the average length of this relationship being 4.1 years. Of the 11 years that the Community Programme and Maatua Whangai Programme Funds have been available for purchasing services from the non-government sector, on average the providers reported receiving service payments from these Funds for 6.3 years.

6.2 Benefits of Indirect Government

Informants were asked to present their views about the benefits inherent in indirect government. The various benefits noted by informants are summarized in Table 9 and the text that follows further elaborates on those that were identified.

Table 9: Benefits of Indirect Government – Informants’ Views

Identified Benefit	Area Manager	‘Contract Manager’	Providers
Range	71% (10)	56% (9)	36% (20)
Access	43% (6)	100% (16)	14% (8)
Integration	50% (7)	56% (9)	-
Community Responsibility	36% (5)	13% (2)	-
Quality	57% (8)	44% (7)	63% (35)
Cost Savings	14% (2)	-	-
Effectiveness	-	6% (1)	23% (13)
Accountability	-	13% (2)	20% (11)
Relational benefits	-	19% (3)	27% (15)

Source: Survey data, 1998

Range of Services Enhanced – Seventy-one percent of Area Managers and 56% of ‘Contract Managers’ observed that indirect government increased “the range and scope” of services available to offenders, and hence the means with which the CPS could address identified criminogenic factors. They identified a multitude of such criminogenic factors and believed that it would not be feasible for any one agency to develop and deliver the myriad of services required to address them; nor pragmatic to develop services which were already present in the community. As one ‘Contract Manager’ argued: “...why reinvent the wheel, when programmes are already available.”

Accordingly respondents believed that “... local people with local knowledge ...” have much value to add to the bureaucratic approach to the problem of persistent offending behaviour. One ‘Contract Manager’s’ conclusion was;

... we need to work together right throughout the process of offender rehabilitation to provide a safer community. As a government department we don’t have all the answers and we need people from the community to help us.

According to 8 (50%) 'Contract Managers,' there was a paucity of services within the public sector with which to address offence-related issues and to which offenders have ease of access. For example, restricted entry criteria precluded the access of many offenders to publicly-provided psychiatric and psychological services. In addition, both Area Managers and 'Contract Managers' believed that many CPS staff were without the "specialist" knowledge and practice skills or the "time" required to treat many specifically-identified criminogenic factors.

The benefits are that we can get more specialised interventions. So there is expertise in those organizations that we couldn't develop ourselves internally.

At a more specific level many Area Managers were aware of the difficulties inherent in delivering programmes to Maori and Pacific Island peoples within the organizational culture of a government bureaucracy. In particular these perceived difficulties stemmed from the differing philosophies underpinning the delivery of services from a cultural setting, as opposed to a bureaucratic setting. One Area Manager observed:

Some of the services we purchase are provided by Pacific Island and Maori groups. The Maori ones are often delivered with a strong Maori Kaupapa. Whilst we have Maori Probation Officers what they are providing here isn't with a Maori Kaupapa ... it's definitely tainted with the bureaucratic organizational stuff.

This notion of bringing different perspectives to the problem of offender recidivism was also strongly endorsed by 'Contract Managers.' They believed that there is much to be learned from Maori in relation to appropriately responding to clients' preferred learning styles. Consistent with this line of thinking, one informant stated: "It needs to be a Maori programme, delivered by Maori to Maori." The benefit of such an approach according to another informant was that Maori providers "...relate concepts of Maoridom to the programme to address offender needs. This breaks through the defence and denial mechanisms." Comparing the Area's experience of utilizing the holistic approach observed amongst Maori providers, with the more individualistic approach to offender treatment offered by 'mainstream' services another 'Contract Manager' concluded:

They've been brilliant. They work with the whole family. The mainstream agencies won't do that because of their staffing levels. The principles and kaupapa that guides the work of Maori providers means that they deal with all the issues. In the area of domestic violence, the counsellor works with the client and the partner. They ask how has this affected you and the children? If these people are not taken care of they will remain upset because their

issues have not been resolved. Our client gets treatment and feels good ... and wonders what's wrong with his wife. Why is she still in a 'snaky' mood? It's because she's still got the issues and the mainstream agency hasn't dealt with that.

For these informants, external service providers offered a rich, varied and receptive source of services for offenders. Wide networks, brokerage expertise and the presence of the "reformed offender," who provided a role model and a powerful incentive for offenders to persist in addressing the factors underpinning their offending, were also regarded as particular strengths associated with external providers – strengths which, when accessed, added considerable value to the Service's business, and complemented well the statutory responsibilities inherent in the public sector's administration of sanctions. Both parties acknowledged that without access to non-government services, the Service would be unable to satisfactorily "administer the conditions of sentence."

From the providers' perspective, just over a third noted that their contractual relationship with the CPS increased the range of services available to the offender population. This view was particularly prevalent amongst those delivering services exclusively to Maori and/or Pacific Island peoples. More generally they referred to clients being able to participate in services that might otherwise be denied them - participation that resulted from the service payments made by the CPS.

Providers, who delivered services solely for Pacific Island peoples, commented that their services facilitated offenders' access to their own Pacific Island Community and that this access was essential if they were to maintain a crime-free lifestyle.

The main benefit ... is for the client to be able to keep in touch with our community right from the time that they get into strife to their re-entry into the community after their sentence is finished. We believe that if we can become involved with them during the hard times and can get them to maintain contact with us always then it will be easier for them to maintain a stable lifestyle than if they were by themselves and away from us.

Fifty-seven percent of Maatua Whangai programme providers echoed the sentiments noted by the CPS managers concerning the importance of purchasing services designed to take into account the cultural environment and needs of Maori offenders. They mentioned the rippling effects that occurred when Maori work with Maori in an environment impregnated with a Maori value system and underpinned by their traditional philosophies for living. For these

providers their work was more than working with the individual. The work began with the individual, but impacted upon and also benefited the whanau and beyond.

The only benefit for us is that we are working with our own and that we hopefully bring change within our community. By working with Maori men, we women hold them accountable to their families ... their children. We hope our work has a positive impact on our families.

There are huge benefits to the clients who come through a Maori organization. It benefits our system too. We have them working for us. They grow the vegetables that are taken back to the old people and families in need. It keeps our people out of jail, so there are social benefits. When offenders learn about their culture, it's of benefit to them and to the Iwi. It places a huge responsibility on the client and they change.

Indirect service provision not only facilitated a link between providers working from a Maori value base and members of their own or other Iwi, but also ensured that Maori offenders were treated in a culturally responsive environment. For these providers this recognition by the purchaser of the need to match the ethnicity of the client with that of the deliverer of services in an environment that was culturally appropriate, was for them evidence of the purchaser's fulfillment of their Treaty obligations.

Through their selection process they recognize that we are the people that should be doing this and they give us the authority to make it happen. From an Iwi perspective this is good.

Access - Some Area Managers believed that managing offenders from within a government agency and with statutory authority created difficulties with engaging clients in treatment. They believed that engagement was one critical factor in facilitating behavioural change. Moreover, they were of the view that working with offenders within the context of this type of a statutory agency exacerbated offenders' feelings of isolation and created a barrier to their acceptance within the wider community. Furthermore, the ability to assist offenders to successfully integrate into the community was viewed as a necessary component for offenders to break the cycle of offending.

Area Managers identified three factors associated with the delivery of services by the non-government sector, which facilitated offenders' access to the material comprising the treatment intervention and their willingness to participate in the service. First, they emphasized the critical importance of the relationship between the worker and client to the success of the change process. In this light they observed that the providers were "people at the grass roots,

who related well to offenders ... and provided a community feel and focus.” They believed that their style of delivery was more inclusive.

The fact that they are voluntary organizations gives the offender a more integrative feeling. If the programme is delivered by a government agency they have the feeling that the programme is being delivered *to* them, whereas with the voluntary organizations they feel they can participate more and have a sense of belonging.

Second, they noted that the benefits of providing offender treatment in a location apart from the CPS offices. They described such locations as “... more comfortable for them to be engaged in ...” and the means with which to “link (offenders) back into the community and be accepted by the local community” both during the period of a sentence and beyond.

... it’s the provider’s ability to get the offender back into the community and be accepted by the local community ... to make them feel worthwhile, to make them feel part of the community. Offenders become marginalized... particularly the high risk category. They don’t feel they fit in anywhere. If you can get somebody in the local community to take an interest in them, that can make a huge difference.

We have a finite period with offenders. Their needs go beyond the sentence and so its far better that they are linked with community people that can support them far more in an ongoing way than we can.

The offenders’ perceptions of external providers as “volunteers” working in a “neutral territory” was another factor that Area Managers thought facilitated their access to programme material.

They (offenders) develop a different attitude to agencies working in the community. They don’t see them as the enemy, and quite often we are seen as the enemy.

‘Contract Managers’ also endorsed the views of Area Managers concerning the ways in which providers enhanced offenders’ access to service, and the consequent desire by offenders to enter, participate and complete programmes.

Many observed how the stigma associated with being labeled an “offender” marginalized the offender population from mainstream society. The CPS, as an executive arm of government, may well be seen by the offender population as representing such societal views. Hence, according to many ‘Contract Managers’, the CPS is not well positioned to assist offenders overcome their marginal position in society. External service providers, as members of the

offenders' community, were seen as in a better position to assist the offenders' movement from a marginal to an integrated position in society. From this viewpoint, informants argued that rubbing shoulders with members of pro-social societal groups in the context of external provider agencies, together with the practical (employment and living skills) and psychological skills gained therein, was a more attractive option to offenders than attending services and programmes delivered within the context of a bureaucracy.

In addition to this perceived advantage, other 'Contract Managers' thought that the non-government sector's dissociation from the *control* aspect of correctional work may well enhance the level of engagement and communication between the client and worker, thereby facilitating the move to a more pro-social lifestyle. A more important factor to client engagement and persistence in treatment (particularly in relation to that of Maori offenders) and identified by 10 (63%) informants, was what most referred to as "... the clients feel comfortable." Part of this, they observed was the external service providers' focus on the *care* aspect of correctional work, together with their ability to match the providers' personal characteristics (down-to-earth, sincere and honest), their style of service delivery and the content of their programmes, with the offenders' personal characteristics and preferred style of learning.

Like Area Managers, some 'Contract Managers' also observed that the CPS had no mandate to intervene in the lives of offenders post-sentence, therefore linking the offender with a community-based agency during sentence meant that service continuity was maintained until the goals of the intervention were reached - be that during or following the termination of the Court-imposed sanction.

From their perspective, only a small number of providers reported enhanced access as a benefit accruing from the contractual relationship with the CPS. Moreover, their comments reflected differing views concerning how the non-government organizational context impacted on offenders' access to and participation in treatment programmes. Similar to Area Managers' and 'Contract Managers' comments, some believed that treatment in a community environment was preferable in order to "... empower clients to change"; and that change was hampered by the "... cold setting ..." in which CPS staff worked.

There are benefits from being able to offer services to offenders in a more flexible environment than the rigidity of the Probation environment.

From this view point providers sought to distance CPS clients from the “system” in order to preclude “clients banging their heads against the system.”

We are here to do the education and the enforcement and policing is done by the Probation Service. We hear enough from the men to know that if we were doing both then there could be conflict.

From a different perspective, others regarded the correctional environment as a productive setting within which to ensure offenders’ access to service. From one point of view, some providers believed that “most of our clients deny that a problem exists” and that they would only access services when “compelled” to do so. They explained that both CPS and their agencies’ staff used the clients’ status as a sentenced offender to direct them to attend services, to enhance their motivation for change, and to make “them accountable for their offending.” From another point of view, other informants found CPS clients highly motivated for treatment, explaining this high level of responsiveness as the result of some Probation Officers’ efforts to clarify for the offender the link between their offending behaviour and the treatment to which they were referred.

We find that mandated clients give us an authority over them and we use this to increase each client’s motivation.

A Philosophical Argument - Some Area Managers saw a consistency between the practice of contracting private service providers in the community and the belief that offenders are members of the wider community, and as such their behaviour is a community problem. Moreover, in their opinion, better results could be expected if such problems were addressed within and by members of the offender’s community.

... this is a community issue, not our (CPS) issue to reduce re-offending.

I believe that offenders are part of the community that they live in. Therefore that community has some responsibility. As a statutory agency all we are doing is acting on behalf of everyone else. Therefore, I believe that the more service provision that can be done within the community, the more likely it is that we will have a pro-social result.

In line with these views 13% of ‘Contract Managers’ believed that the CPS’s motivation for involving external service providers in the provision of programmes for offenders lay with the philosophy that “...antisocial behaviour springs from the social environment and therefore it is the community’s responsibility to address this problem.”

I think it is a good thing to get community involvement in terms of what is happening in their own community and the offending that goes on in their own community. It's a community issue and not something that they should be abdicating from. I think therefore it encourages that idea of community responsibility for their own members and their own members' behaviour.

Quality – A number of CPS informants were complementary about the qualities that they observed amongst the staff of the providers with whom they contracted. For example, over half the Area Managers interviewed acknowledged the level of commitment and energy devoted to offender rehabilitation by staff employed by non-government organizations. Some emphasized that a significant amount of the treatment delivered to offenders subject to sentences administered by the CPS was undertaken by non-government agencies.

By far the majority of the work is done by community providers, rather than programmes within Community Probation.

They (non-government agencies) work closely with clients. The benefit ... is that the providers give round the clock support. They do much more than any Probation Officer can commit to.

Comparing the effort and productivity shown by their own staff to working with offenders and that demonstrated by external service providers, 2 Area Managers had these comments to make:

One of the things that occurs to me is that if you analyze the amount of work that is put into our clients by these providers, that is their time, there has to come a time when you say to Probation Officers, 'who is actually providing the service?'; and then challenge the traditional work allocation system. Is it fair to be putting your hand up for an hour or two with a client, when in fact the donkey work is being done by the provider?

They show a dedication to their work, which is exemplary compared to my staff.

'Contract Managers' also acknowledged that the altruistic philosophies and the energy with which external service providers approached their work with offenders had benefits for the CPS. From this point of view, several informants believed that such commitment was derived from "...a personal investment in bringing about offender change, because the offender is one of their own."

This focus and desire to assist..." their own people "...was particularly observed amongst Maori service providers. In some cases, this enthusiasm to assist, led agencies to provide services to offenders over and above the remuneration received under contract.

The quality enhancements reported by providers and resulting from contractual arrangements, were somewhat more comprehensive than those observed by CPS informants. Almost half of this informant group commented that the contracting mechanism enhanced the quality of their service provision via the business planning activities undertaken by their agencies. For the providers interviewed the contracting technologies contributed in two ways to their business planning activities – activities which they believed improved the quality of their services. First, providers alluded to the way in which the monitoring function assisted their agencies to operationalize the control aspect of business planning. They observed that the information collated for the purposes of contract monitoring assisted them to assess the degree to which their agencies actual activities conformed with predicted trends and contributed to organizational goals.

The figures (demographic, referral and attendance records) for monitoring purposes that we have to keep, helps us to keep an eye on what is happening. It helps us compare the predicted and the actual trends.

Second, providers related that the financial remuneration received under contract gave a level of certainty to their financial, human resource and service planning.

Clearly most agencies worked within restricted budgets. No matter how large or small the level of funding received from the various purchasers of services, every dollar was perceived as vital for ensuring continuity of service for clients.

Probation funds keep the Trust afloat ... it keeps our organization going. Their funding provides about a third of our income and it is essential to keep our service viable.

So for some the financial resources ensured survival - at least for the period of the contract; for others the contractual relationship provided a continuous source of revenue, rather than the haphazard income experienced under a 'grant' system; and for others such payments meant their employment of paid rather than voluntary staff.

In all both the contract monitoring information and the financial remuneration guaranteed under contract assisted providers to gain a closer approximation of the demand for their services and hence they were able to estimate their share of the market and develop estimated income statements.

Knowledge of both predicted client demand and expected income meant that providers could plan a number of other aspects of their business – aspects which they believed enhanced the quality of their service provision. For example, it provided some guarantee of employment stability for staff, as well as the continuance and further development of “quality service provision” - at least for the year following contract negotiation. This sense of stability enabled permanent staff to plan for their professional development within the context of their employment, and in some cases, provided the agency with the option of considering employment opportunities for others, either on a permanent, or on a contract basis. Another benefit associated with human resource planning included the development of staff training packages.

The money enables us to deliver a better quality service by training staff and it provides work opportunities for others.

In more general terms providers commented that the contractual relationship between the CPS and service providers enhanced the credibility and reputation of their respective agencies.

It's a credibility factor in terms of being recognized as providing a useful service and making a worthwhile impact as far as government departments are concerned.

Cost Savings - Two Area Managers alluded to the economic benefits derived by the CPS when purchasing services and programmes for offenders from providers external to the Service.

These cost saving included both direct and indirect expenses associated with programme delivery. The resources required for programme development was an example of savings on direct costs; while the indirect cost savings related to the overheads associated with programme and service delivery. Of the indirect cost saving for the CPS, one Area Manger stated:

It's got to be value-for-money purchasing services needed by clients without the overheads. From a cost effectiveness point of view it's got to be a good move by us.

Effectiveness – One ‘Contract Manager’ noted that the achievement of desired outcomes was a beneficial aspect of indirect government. This informant believed that “...we make our biggest impact (reduction of re-offending) because of our relationship with the community.” Of the providers interviewed, a few were of the view that indirect government contributed to goal attainment at various levels – societal, organizational and client. For example, 6 providers referred to the combined purchaser/provider contribution to one government strategic goals. Others (5) referred to the contribution made by this contractual arrangement to their respective agency’s operational goals. The following comments illustrate the way in which this contractual relationship between purchaser and provider makes a positive contribution to strategic and operational goals.

I think the benefit lies in the community initiative to stopping violence. If you look at the whole domestic violence theme, the Department for Courts, the District Court, Community Probation and our agency all have a role in that ... and its about keeping the link between us all. I think its about us working together with Corrections in their mission of ‘reducing re-offending’ and our mission of ‘keeping women and children safe.’ I think it’s about the idea of us all trying to encourage a *safer community*.

It’s also about giving men a learning opportunity that can turn them around, their lives around and their families’ lives around; and about keeping them out of the Institutions, which is a major cost for this country. It’s about us making men accountable for their actions.

In addition, 1 provider stated that the principal benefit for their agency was to “...see the fruits of our efforts when Probation clients complete the programme and change their ways.”

Accountability – Two ‘Contract Managers’ believed that purchase-of-service contracting provided a vehicle for developing collaborative relationships with local Iwi and Maori groups and that furthermore such relationships involved utilizing the “Maori network” in order to make both practitioners and clients accountable to not only the Court, but also to Maori as Tangata Whenua – in particular, the offender’s whanau.

Of the providers’ views, a few believed that purchase-of-service contracting forced the parties to the contract to account for their activities in relation to one another. For example, 6 (15%) providers noted that contractual relationships open up the lines of communication concerning the development of formal procedures with which to structure the working relationship between the respective parties. For example, 1 informant commented that the “formal

procedures developed in relation to the referral of clients to the service ...” was beneficial to provider agencies.

In addition, the contract between the parties seems to direct a “... modicum of action concerning the mutual responsibilities and accountabilities ...” of each party. For example, the accountability requirements (both financial and programme quality and outcomes) of purchasers provide a structure with which agencies could develop audit procedures.

It give us an audit track. We don't just get a bit more money to allow us to do a few more things. We now have to monitor exactly where the money goes. Moreover, we have to show whether this is helping people. If we're not effective then we won't get the dollars. That's the bottom line.

Standards keep agencies safe ... We have a lot of people asking us for jobs and the standards allow us to legitimately turn them down, because they don't have qualifications or clinical experience.

I think the purchaser's expectations and their imposition of accountabilities is of benefit because it means that we move away from using procedures that may be unacceptable. We have developed new procedures and we are constantly learning. I hope we have moved out of mediocrity and nearer to some form of *excellence*. That's one of the problems with the voluntary sector. It can be at a level of mediocrity and no one seems to care. I feel strongly that we should be a professional organization and I am committed to professional standards. I think that government agencies are putting this on us and are encouraging us to the highest levels of professionalism. I'm not afraid to use the word *excellence*. I don't think that we have reached that yet, but I think that's what our objective should be.

Relational Benefits - The benefits accruing from the relationship between the contractual parties was described by a 'Contract Manager' as a source of “... tremendous job satisfaction. We have a history with these organizations through our common interest in, and contact about the clients we have in common.” Part of this affiliation between the parties, according to other CPS informants, resulted from their common philosophical perspective on correctional work - that is, a preference for, and a belief in the efficacy of rehabilitative, rather than punitive sanctions for offenders.

Fifteen (27%) providers also identified the relationship with CPS staff as a significant benefit resulting from the contractual relationship between the parties. This reference to the relationship particularly referred to that between provider staff and the purchaser's field staff - that is the liaison Probation Officers, or those involved in offender case management. The various aspects of this relationship that were perceived as beneficial to providers included, “the team approach involving ...liaison and consultation;” collaboration; trust and respect; sharing

resources and assistance with agency development; and a working relationship that has both a “personal touch,” as well as respect for the providers’ autonomy. These benefits are reflected in the following comments:

We have a good working relationship that includes problem solving, and the ability to relate to someone other than my staff about problems and rely on a quick response.

Positive re-enforcement in terms of encouragement and feedback about the effectiveness of the service with offenders. This validation of our work is particularly important where good results are slow coming with offenders.

Sharing resources, information about programming and clients of mutual interest and ideas about agency development.

I think the benefit is the personal contacts that we have with them, ... the deep level of trust and respect that we have with those people that we work with is awesome... The business practice that we have with Probation on this personal level is very rewarding.

It’s pushed the agency to develop systems; to grow; to keep looking at what we do. It keeps us on our toes really.

I think the benefit is having them there as support for the clients. It’s important for the clients to know that there is someone else apart from us who is available to them...who contacts them regularly and give them encouragement ... someone who cares for them.

One of the huge benefits is when they leave us alone to do our work.

6.3 Direct or Indirect Provision?

Despite the perceived benefits associated with indirect government that were identified by informants, 50% of Area Managers stated that they had no strong preference concerning whether correctional programmes were delivered directly or indirectly. They recognized, for example, that perceptions such as the “community has something special to offer; ...that they are closer to offenders and therefore are more in tune with their needs; and that they are not bound by the rigidities that we are in the public service” have not been “properly evaluated to identify whether they are in fact bringing about the desired changes.” Instead, they argued that rather than decisions to purchase being a matter of choosing between one context or another, such decisions should be focused on the level of competence or “skill set that is required” to carry out the work.

They observed that in the past one reason for deciding to contract externally was to access a different organizational context with which to deliver programmes to offenders - a context which they believed would compliment and enhance the achievement of their Service's goals. While traditionally they observed a sharp differentiation between the characteristics associated with public and private provision of services – respectively, “institutionalized organizations and organizations with a community philosophy” - Area Managers maintained that there was now a growing similarity between the characteristics of the two sectors - a convergence which they believed was the direct result of the adoption of the contracting culture. Seemingly, involvement in the contracting environment has resulted in *some* provider agencies becoming “slick and organized ... professional in their approach ...,” and exhibiting a tendency to “steer their services towards funders’ criteria.”

Because Area Managers saw some loss of the ‘special’ characteristics traditionally associated with indirect government, for some it has lost much of its appeal as an option for delivering correctional programmes. Instead, internal service provision had become somewhat more attractive, some believing that “... a number of programmes that have been delivered by voluntary groups, or that are funded by us, that would be better delivered by ourselves if the money was spent training our own staff and creating the programmes within.” Moreover, as the organizational cultures of the public and private sectors became more similar, there was a tendency to compare, rather than contrast the two. For example, “organizations with a bureaucratic structure” impose “quality of service ... and professional standards across the whole organization, ... whereas, often a voluntary sector organization relies on a charismatic person to carry them through, and if that person goes, the organization falls over;” and the “programmes we run from the office are more effective” because the staff are “dedicated” and “experienced,” while ‘services from the community’ have not carried out “a proper evaluation to see if their programmes reduce re-offending and we continue to pour money into these organizations when we don’t know how successful they are.”

While informants seemed to be suggesting that the dichotomy that differentiated direct and indirect service provision appears less pronounced than in the past, 6 (42.9%) Area Managers believed that there were some types of services that were best delivered by external providers.

The types of services that they noted included those that focused on the “community and social integration” of offenders; those that adopted a holistic or systemic approach to offender rehabilitation, which involved a “flexible” approach to meeting “the needs of clients,” including “victim listening, involve the family and address mental health as well as offending issues”; and, those that provided post sentence support for offenders.

Section 2.2: Performance and the Pre-Contract Assessment

This section of the results focuses on the pre-contract assessment. Chapter 7 explores the degree to which decisions to contract are informed by a performance-related analysis, for example, an assessment of need; an examination of the supply of potential service providers; and, standards with which to compare and judge the information in the Funding Proposal Document. Chapter 8 considers the utility of the CPAI as a pre-contract standard for aiding purchase-of-service contracting decisions. Chapter 9 investigates the degree to which informants believe that indirect service provision is responsive to purchasers of government services. In chapters 10 and 11 informants express their views about the various elements that comprise the notion of quality and that seem pertinent to goal achievement in a correctional setting, together with aspects of contracting processes and procedures which appear to impact on quality.

Chapter 7: The Realities of Implementation – Informants Speak to Adverse Selection

7.1 Factors Influencing Purchasing Decisions – An Overview

CPS informants listed a number of factors that were of importance to them when they were making purchasing decisions. These factors are summarized in Table 10 and included the proposed services’ target group; the competence of providers’ staff (qualifications, experience, training); the conceptual soundness of the service offered; the programmes’ accessibility (in terms of location, time – for example, evening delivery for employed offenders – and ethnic orientation); the providers’ credibility and reputation; the purchaser/provider relationship; and the services’ value-for-money.

In all, informants appear to be emphasizing that the factors that have the most weight in their decisions to contract are those that provide some assurance that contracted service providers are able to “work with offenders to reduce re-offending.”

Table 10: Factors Influencing CPS’s Purchasing Decisions*

Factors Influencing Purchasing Decisions	Area Managers’ Responses (percentage)	‘Contract Managers’ Responses (percentage)
Credibility/Reputation	85.7	56.25
Targets Offence-Related Need	85.7	50
Staff Competence	85.7	75
Programme Conceptually Sound	42.9	56.25
Value-for-money	35.7	18.75
Purchaser/Provider Relationship	-	37.5
Accessibility	21.4	37.5

Source: Survey data, 1998
*Other factors, noted less frequently, that informants stated influenced their contracting decisions included the providers’ responsiveness to offenders; organizational stability; goal alignment; service demand; administrative accountability; and, the degree to which provider services met Community Probation Service standards.

Informants described a range of potential information sources with which to guide their purchasing decisions, such as the information from assessments of need and the information from the Funding Proposal Document. These and other sources of information are described in the following sections, together with the informants' views about the utility, accuracy and availability of such information.

7.2 Defining the Nature and Scope of the Problem

This section examines the means with which the CPS identifies both the scope of the problem under scrutiny and the location of providers from whom to purchase services using the Community Programme and Maatua Whangai Programme funds. In addition, the section explores whether the information that identifies these factors is purposeful (contributes to organizational goals), utilitarian, comprehensive and accurate. Therefore, the pertinent question here is: 'To what degree are sources of information "bounded" by problems identified by informants within the context of assessing and addressing needs?'

The information system adopted in this context is a two-tier system. The first tier involves the information used to guide the national allocation of monies appropriated under the Community Programme and Maatua Whangai Programme funds across the Service's 16 Areas. Two sources of information guide such Head Office decisions – information about the level of funding allocated to each Area during the previous financial year and the Resource Indicator Model (RIM). This model was developed by Ernst and Young on contract to the CPS and utilizes a summary-index-weighted-population analysis with which to apportion a percentage of the funding to the 16 Areas. The Model provides an analysis of socioeconomic factors, crime factors and population levels for each Area. Thus Areas which have the highest rates of crime as well as demographics aligned with those that are believed to be precursors to offending behaviour are likely to receive the highest levels of funding.

The second tier involves information which guides each Area's allocation of their proportion of the national fund to preferred providers of service. Such allocation decisions are guided by the Areas' Fund Plans – planning documents, which aggregate information from Community Profiles and the Client Profiles. While the Community Profile provides information about services available in each Area, the Client Profile aggregates information about offenders whose sentences have been administered by the CPS during the previous 12-month period. This information includes the demographic (e.g. ethnicity and gender), personal (e.g. residential

location), and social (e.g. affiliation with gangs) characteristics of each Area's offender population, together with an aggregated picture of the level and proportion of each type of criminogenic need.⁹³ In addition, the Profile includes sentencing information and information about risk of re-offending and risk to the community. Note the Service places emphasis on information about sentencing and risk because many of its business decisions are driven by the legislative mandate to administer court-ordered sanctions and the evidence-based rationale that the best treatment effects can be achieved with high-risk offenders. In sum, Areas use this information to find a match between proposed services (appropriate programme content and styles of delivery) and the characteristics and preferred learning styles of the target population in their respective patches.

The Utility and Accuracy of the RIM Information

In order to ascertain the degree to which the information included in the RIM was purposeful, useful, comprehensive and accurate, informants were asked to comment on the accuracy with which this information reflected their Area's requirements for external service provision, and the degree to which such funds were equitably distributed across all CPS Areas.

Of the 16 Areas, 7 (43.8%) made no reference to the information contained in the RIM to inform their decisions about purchasing services from external service providers. The balance noted that the RIM data were objective and as such shifted their decision-making away from subjective judgment. They usefully employed this information to "...provide information to members of other sectors with whom the Community Probation Service interfaces;" and to gain "...a picture of the way the community functions ...for example, ...the ethnic divisions, levels of unemployment and the residential location of the offender population."

While the RIM data were reportedly useful for some informants, many noted its limitations. First, they maintained that the data were general, rather than specific. Moreover, they found that it was community focused, rather than offender focused, in particular, they maintained that the "model was based on the general population" rather than "a model that directed the money to where the risk is." Six (38%) informants believed that the model failed to take into account

⁹³ A criminogenic need is a need of the client which, if addressed, is likely to reduce re-offending. Criminogenic needs include sexual offending, psychological problems and problems associated with substance abuse, violence, driving, poor financial management, employment, parenting, training/education, cultural identity, accommodation, leisure and cognitive skills (Community Probation Service Manual 1997: vol. 1, Part 12:3-A-5).

the particular nature of the offender population in their Areas. For example, while the RIM data - data based on general population statistics - might reflect lower numbers of Maori residing in particular Areas, the makeup of offender populations in the same Areas reportedly included considerably more clients who identified themselves as Maori. Moreover, they reported that the model excluded information about conviction rates;⁹⁴ prison musters; the presence of treatment centers; numbers of intravenous drug users; and numbers of young offenders under the supervision of the New Zealand Department of Child, Youth and Family Services - information which they believed was useful for predicting future sentencing trends amongst young people. Activities of other sectors, such as the initiatives of local government, were also not considered.

Other informants stated that the RIM had an urban, rather than a rural focus; and, an Area rather than a Service Center focus. In their minds therefore, there was a discrepancy between the way the RIM data were aggregated, and the organizational structure to which such data would be applied.

The historical nature of the statistics that informed the findings of the RIM also concerned informants. They informed that the statistics were derived from the last census and therefore failed to take into account recent changes in their communities' demographic make-up. Not only did these data lack credibility for the purchasers interviewed, but they failed to meet their information requirements - requirements essential to their purchasing decisions. Purchasers stated that the information that was pertinent to them was that concerning the type and level of needs underpinning the offending behaviour of those whose sentences their staff administered; and the location of potential provider agencies and the services they delivered.

While the comments from the purchasers suggest that the value of the RIM data to their purchasing decisions was somewhat questionable, 86% (12) of Area Managers believed that the RIM guided decisions about the distribution of funds across Areas were inaccurate and inequitable. Of this group, most were of the opinion that the RIM data needed to be "...complemented with information from other decision-making tools."

⁹⁴ The Community Probation Service Manual indicates that the RIM includes sentencing data and information relating to the frequency and seriousness of offending in each Area (CPS Manual vol. 1, Part 12:6).

Four Area Managers noted that because of the way in which funds were distributed they “...had to do more with less;” and in some cases, particularly where provider development had been emphasized, decisions based on the RIM data had considerably reduced their capacity to further this area of interest. One Area Manager’s comments illustrate this point:

We have a long history of active community development and community provider development here. Historically we tended to get more than what is now considered our share of the pie using that model (RIM). They (Head Office) say, ‘you can only have what the national model says you can have.’ Nationally they say that there is more than an adequate pool of funding. We say, ‘if the work is going to be done in the community and if provider development is going to continue, then the money is laughable.’

The Utility and Accuracy of the Information from the Area Client Profile

All (93.8%) but one ‘Contract Manager’ commented that the Client Profile was a good general indicator with which to guide their purchasing decisions. Be that as it may, some informants believed that the information derived from the Client Profile was “...really of limited value” because “... it merely confirms what we already know;” and “it can only be an indication” because “it’s based on a snapshot from the previous year.”

The figures we get will usually be in line with the way we have apportioned the budget before. We tend to look at what we bought last year and what we used, ...then we modify that using the data from the Profile. It’s more a security blanket than an actual tool. If anything amazing comes out, it is the less than significant needs, like literacy. But then by the time we have funded the high risk and high need people, there is no money to fund those anyway. So it becomes academic.

From their perspective, 24 (43%) providers believed that the means with which the CPS assessed and predicted the level of need was either “inadequate” or “non-existent.”

‘Contract Managers’ identified several difficulties associated with the Client Profile data and these difficulties are summarized in Table 11.

Table 11: Areas of Difficulty Associated with the Client Profile Data – ‘Contract Managers’ Views

Problem Area	Informant Identification (number)	Informant Identification (percentage)
Data Collection Practices	9	56.3
Practitioner skills, knowledge, values and motivation	8	50
Information Technology	3	18.8

Source: Survey data, 1998

Data Collection Practices - Informants identified a range of difficulties associated with the way in which the data were collected for collation into an overall Area Client Profile. These difficulties included;

- a less than 100% return of information about Areas’ offender populations (for example, some Areas reported that their Area Client Profile only included collated information on about half the offenders subject to sanctions in their Areas); and when this information was collected it was often incomplete;
- inconsistencies with which Probation Officers recorded the number of offender needs identified (for example, some Probation Officers recorded every need identified, while others only recorded a few);
- an audit to compare offender information noted on file with that recorded on the Client Profile forms, found that there were discrepancies between the two pieces of information;⁹⁵ and,
- Probation Officers’ interpretation of the categories of information included in each offender’s Client Profile form diverged. For example, in relation to the ‘need’ categories, some include domestic violence in the ‘anger/violence’ box, while others categorize it in the ‘domestic relationships/parenting’ box; and, in relation to the ‘offence’ categories, some include possession of an offensive weapon in the ‘other’ category, while others noted this offence as a ‘violence/non-domestic’ offence.

Practitioner Values, Skills, Knowledge and Knowledge Deficits - 50% of informants maintained that Probationer Officers’ values, inadequate assessment skills and correctional

⁹⁵ See Appendix 3 for a sample Client Profile form (together with the Risk Reassessment and Assessment of Needs form which provide information with which to complete the Client Profile form). A Client Profile form is completed for each offender and the information from these is aggregated to produce each Area’s Client Profile.

knowledge jeopardized the accuracy of the information recorded on client profile forms. For example, they noted that “many didn’t know what a criminogenic need is ...,” and others “prioritized the more overt offender needs and fail to consider the more pertinent ones, like cognitive skill deficit.” Moreover, others observed that practitioners “prioritize the needs according to what they think should happen to the offender, rather than referring to the special condition of the sentence;” and still others selected “...treatment regimes that aligned with their own preferences, for example, they prefer counselling and ... always tick the ‘psychological’ box.”

Information Technology - Informants further linked the inaccuracies of the Client Profile information to either the difficulties associated with the Service’s information technology and/or staff use of this resource. For example, some reported that the information on Client Profile forms was not always loaded onto the funding data base; that where it was entered impediments in the computer programme precluded data migration from Service Centers to Area Offices where data collation occurred; and, some found the computer programme somewhat less than user-friendly and moreover that it did not cross-tabulate offender variables in a way that was useful to inform purchasing decisions.

Enhancing the Accuracy with which to Define the Incidence of the Problem

‘Contract Managers’ identified four courses of action with which to enhance the accuracy and appropriateness of the information that underpinned their decisions to contract.

Training - Eleven (68.8%) informants believed that inadequate training of Probation Officers and Service Managers contributed to the inaccuracies inherent in the Community and Client Profile data underpinning purchasing decisions. First, they contended that staff needed to understand the link between the accuracy of the information collected and effective purchasing decisions. Second, the information sought needed to be consistent, complete, accurate and timely. Third, and more particularly, Probation Officers needed to have a clear understanding of the needs that directly correlated with offending behaviour, “... rather than identifying the things that they would like to work on;” together with a consistent use of objective assessment instruments with which to gather such information.

Assessment - Seven (44%) informants maintained that “accurate, quality assessments ...” were the key to identifying those factors linked to offending behaviour, and in turn, to optimizing the accuracy of the information vital for purchasing decisions. First, they noted that the predictive validity of the risk and needs assessment instrument (Appendix 3) used by the CPS had not been confirmed within the New Zealand setting. Therefore, the level of accuracy was unknown. Second, they maintained that the limited time devoted to the assessment of criminogenic need (undertaken during the period between conviction and sentencing and usually of two-weeks duration) was inadequate to ensure a comprehensive and accurate identification of need. Seemingly, informants had discovered an incongruity between the criminogenic needs identified during the pre-sentence assessment and those later identified during the administration of the sentence. So while each Area’s Client Profile reflects needs identified prior to sentence, upon further assessment post-sentence, the type and order in which these needs are prioritized changed. Thus, informants were of the opinion that the information in the Client Profile was “superficial;” that it contributed to inaccurate purchasing decisions; and that accurate client profiling could only be improved if the Service adopted a lengthy and comprehensive assessment process. Third, informants commented that assessors should adopt more focused approaches to assessment by “... focusing on the triggers that lead to offending ...; learning to ask the right questions ...; including an assessment of each offender’s readiness for treatment ...;” and, “... seeking third party input to verify the accurate identification of criminogenic needs.” Last, informants commented that an assessment of the responsivity factors pertinent to each offender was often neglected. Moreover, they stated that the CPS did not utilize an objective measurement instrument with which to identify such factors. They added that without objective knowledge concerning key offender characteristics and preferred learning styles, it would be difficult to match these with relevant staff characteristics and programme features – matching that facilitates learning in a treatment environment.

Information Technology - Four (25%) informants recognized the advantages of accessing integrated, reliable and user-friendly computer software with which to collect and collate information to inform purchasing decisions. They believed that enhanced information technology would greatly increase the efficiency and effectiveness with which the Service’s purchase-of-service contracting system was operationalized.

Aligning the Process of Assessing Need with the Organizational Structure – Three (19%) of informants commented that while the RIM and the Client Profile were essentially orientated towards Area purchasing strategies, it was from the Service Center level that purchasing decisions and contracting monitoring took place. They argued that the communities where Service Centers were located each have their own characteristics, as does the offender population that resides therein. Purchasing programmes to match these particular offender needs was apparently somewhat exacerbated by the fact that such decisions were informed by data that pertained to the Area as a whole. Hence, they were of the view that if the structure of the information contained in the purchasing tools was aligned with that part of the organizational structure where purchasing decisions were made, then such decisions would be more accurate.

7.3 The Contribution of the Funding Proposal Document to Decisions to Contract

The Funding Proposal Document used to apply for funding under the Community Programme and Maatua Whangai Programme funds invites providers to describe aspects of their organization's structure and the design specifications of their programme or service. The proposal document (Appendix 6) is divided into three sections. The first section requests organizational, financial and staffing information, together with a description of the organization's system of internal control, facilities and complaint procedures. The second section focuses on the proposed programme. Providers are asked to provide information about their programmes' aims and objectives; assessment processes; programme content and delivery, including their response to offenders' cultural requirements; and, the evaluative procedures utilized. The third section describes the proposed service in terms of units and cost.

While 9 (64%) Area Managers stated that they considered the information in the Funding Proposal Document when making decisions to purchase services from external providers, 5 (36%) others commented that they generally ignored this information source. Rather, they indicated that their decisions were influenced by their relationships and previous experiences of working with providers, as well as their reputation with other stakeholders, such as "the community, other funding bodies, the courts and the clients." For example, CPS informants observed that local allegiances between Area staff and providers do, in some cases, result in "personal preferences for well-liked providers" taking precedence over purchasing services that would address "the identified needs calculated for the Area's Client Profile." Along the same

lines, a proportion of providers interviewed believed that the CPS selected providers on the basis of “reputation and a perceived commitment” to providing programmes for offenders, rather than on the basis of an objective formula or purchasing criteria. Overall, Area Managers stated that the information that they most valued in informing their decisions to contract included that pertaining to the programme’s content; staff competence; the programme’s target group; and the methods and integrity with which programmes were delivered. In sum, this information focused on programme design specifications and is presented in Table 12.

Despite the value Area Managers placed on programme design information, those who referred to the information in the Funding Proposal Document reported that only some aspects of the information therein were of adequate quality and detail to be of assistance to their overall decisions about purchasing services from external providers. Aspects which they stated provided *adequate* information about proposed services included those relating to the providers’ “financial sustainability;” “level of efficiency;” and, degree of credibility;” together with the “adequacy of the organizational structure” of providers’ agencies and, “the payments requested for services delivered.”

Table 12: Types of Funding Proposal Information Influencing Area Managers’ Purchasing Decisions

Type of Information	Number of Area Managers Commenting	Percentage (%)
Programme Content	5	35.7
Staff Competence	3	21.4
Target Group	2	14.3
Programme Integrity	2	14.3
Methods of Service Delivery	2	14.3
Other *	6	42.9

Source: Survey data, 1998
* The ‘Other’ category included information about the ‘integration of theory and practice;’ ‘organizational structure;’ ‘organizational goals;’ ‘level of cooperation;’ value-for-money;’ and, ‘financial stability.’

The Validity, Reliability and Utility of the Information in the Funding Proposal Document

In general CPS informants reported that the information contained in the Funding Proposal Document was “superficial” and “flimsy.” Similar views were held by providers, who stated that the brief descriptions encompassed in that Document were “simplistic” and “superficial.”

CPS informants questioned the usefulness of such “summary information about a programme, (because) when you need details, they are not there.” For example, they noted that detailed information concerning staff characteristics and programmatic elements were absent – information which they believed they required to ascertain whether contracted services would be responsive to the personal characteristics and preferred learning styles of those offenders who might be referred to such programmes for service.

Added to the problem of scant information, was the “inconsistent approach with which providers presented their information” – a situation which CPS informants stated “...made it impossible to adequately make comparisons between proposed programmes.” Some Area Managers believed that in order to receive adequate and consistent information with which to assess the level of quality and the potential effectiveness of services funded, the Service would have to “provide better liaison support to providers (to ensure) that we actually get better and more coordinated information about programmes.” Some providers also agreed with this suggestion, proposing that CPS staff offer advice and training concerning the presentation of information in the Funding Proposal Document.

Another area of concern noted by all Area Managers was the fact that their decisions to contract were made “on face value” without their ever “verifying the accuracy of the information presented by providers about the organizational, administrative and programmatic arrangements.” They maintained that under the present pre-contract assessment system it was impossible for them to “weed out those organizations that ...although they appear to offer grand services, actually offer very superficial, very poor quality services.”

7.4 Additional Informational Requirements

The majority (69%) of CPS informants believed that their organization’s assessment of provider programmes required attention. They stated that the Areas’ assessment of the quality of external provider programmes lacked consistency and this inconsistency detracted from the

potential benefits of purchasing services for offenders from non-government organizations. Such inconsistency, they believed, derived in part from the “subjective approach to contracting decisions;” in part, because “CPS staff are not clear about exactly what they need to purchase in the way of an effective service;” and in part, because the Service had not developed adequate standards “that will show us how well proposed provider services match our perception of the ideal correctional programme,” and with which “we can predict service effectiveness.”

They called for a more systematic, comprehensive and objective approach to the Service’s pre-contract assessment. They maintained that the Community Probation Service needed to develop a set of benchmarks (for example, benchmark documents for both ‘mainstream’ and Maori providers), with which to assess the quality, or otherwise, of the information noted by providers in the first schedule of the contract. Such benchmarks, they added, would need to be related to the CPS’s goals; and when comparisons were made between the benchmarks and provider information, they would be in a position to assess whether or not provider capabilities were likely to contribute meaningfully to the CPS’s core business.

We need to overcome the subjectivity inherent in the purchasing decisions with hard, objective analysis. Rather than the organization putting forward what they provide and us believing that at face value ... or us either liking or disliking the programme because of the way we get on with the people in the programme we need best-practice standards for purchasing.

The Community Probation Service needs to put much more input into developing consistent information about what they require. If we were clear about what we required, then we would move away from making assumptions that what the voluntary sector has to offer fits with what we want, and when it doesn’t ignore it because our choices are not that great. We need to get the voluntary sector to focus on our aims, accountabilities and processes.

Some informants (from CPS and provider informant groups) stated that “the CPS has never undertaken a formal audit of the quality of provider programmes” and suggested that the Service introduce an “accreditation process” or “acceptance protocols.” Here, they explained, service providers would have to meet certain quality measures relating to effective correctional programming, before being eligible to enter contract negotiations. Moreover, they added that where provider organizations were less well developed, such negotiations could focus on the inclusion of objectives and indicators with which to measure the organization’s development and achievement of certain standards associated with effective correctional programming.

What Community Probation needs is an accreditation process that particularly relates to their business. Providers should be evaluated against these standards once and it is on the basis of the results of this evaluation that services are contracted.

In addition to the use of evidenced-based, objective standards of correctional programming with which to compare the quality of proposed provider services, CPS informants stated that the effectiveness of their purchasing decisions would be greatly enhanced if they also had access to information derived from process and summative evaluations of provider programmes from whom they had previously purchased services. Informants noted that they “purchased programmes that appeared to be offering suitable procedures to address criminogenic needs,” but after the contract was signed “it is a giant leap of faith” that the services described on paper in the Funding Proposal Document are delivered with integrity. For example, one informant stated that providers “might use techniques ...which we wouldn’t find acceptable: one is not allowed to beat one’s clients is a prime example of what one provider did ...” Other informants reported that the Service had no information that focused on “How providers are going? What is happening to offenders? What are the outcomes?” They maintained that such information would give them confidence that the programmes they purchased were bringing about the changes required “to reduce re-offending.”

While there are some specialized groups (stopping violence and alcohol and drug services) that appear to do a good job, we (CPS) fool ourselves if we think that the community is more on to it than we are. Mostly we make decisions to fund them because they are there, not because there is evidence to support their effectiveness.

Chapter 8: The Utility of a Best-Practice Standard – The Introduction and Administration of the CPAI in New Zealand

For purchasers of services to be assured that contracted programmes are appropriate for the target population and of sufficient quality to contribute positively to the stated goals, a method is required with which to describe, judge and interpret performance information presented by potential providers. For the first time, and in the context of this research project, the utility of the CPAI as a measure of the potential quality and effectiveness of provider programmes, was tested in the New Zealand correctional context. The following results from the administration of the CPAI in New Zealand demonstrates the functioning of the sampled provider services at the time that the data was collected, as well as rating these services in terms of their potential effectiveness.

8.1 Demographic Description of Service Providers

Of the 22 service providers to whom the CPAI was administered, all had been in operation for at least 2 years. The average number of years in operation for this sample was 7.97 years. All delivered programmes and services in a community-based, as opposed to an institutional setting - 4 being residential programmes, with the balance being non-residential in nature and offering programmes of various lengths. Of this later non-residential group, 3 classified themselves as small businesses, while the balance were either charitable trusts or incorporated societies. While 1 provider was not prepared to provide information about the service's annual budget, the average annual budget of the remaining 21 provider services was \$168,096.23. The source of every agencies income was private (as defined in the scoring guide of the CPAI). Only 3 providers (13.64%) were solely dependent on the CPS as a funding source. The balance (86.36%) received financial assistance from multiple sources, mainly from the Government votes of health, justice and welfare. In addition, all informed that a small and variable amount of income was derived from payments by self-referrals, donations, and one-off grants from philanthropic trusts for particular projects.

On average these agencies employed 8.45 staff, although the diversity in staffing levels is relatively large varying from sole practitioners to staffing levels of 18. The basis upon which these staff are employed also varies with 43.86% of the sample's staff being employed on a full-time basis, while 28.27% were employed under contract and 20.5% employed on a part-time basis. Ten (45.5%) of the providers surveyed had no part-time staff, while the same number employed staff under contract, perhaps suggesting that many providers supplement the

work of their full-time employees with that undertaken by contract workers. Also of note is that volunteers were only used by 3 of the service providers in the sample. This category of workers only comprising 6.41% of the total number of people working for these services. The ethnic make-up of staff (expressed as an average) in the sample was identified as 37.18% Maori, 56.45% Pakeha and 6.27% Pacific Island peoples. Only 4 providers employed Pacific Island staff. Seven providers employed no Maori staff and 3 providers had no Pakeha employees. Of the gender make-up of staff in the sample 64.23% were men and 35.73% were women.

The number of clients receiving services from the providers in the sample at the time of interview ranged from 5 to 135, with average client numbers across the sample being 33.64. Of this client base, most were adult males. Nineteen providers reported that their services were designed for adults only, and in the remaining 3 agencies, who did provide services for juveniles (16 and 17 year olds), this group comprised between 1% and 12% of their client base. Again the majority of providers (16) worked with men only, and where agencies (6) received women clients these comprised on average only 10.5% of the total client base. On average the ethnic background of clients participating in services delivered by the provider sample was 48.27% Maori, 40.09% Pakeha, 10.73% Pacific peoples and 1.55% in the 'other' category.

8.2 Programme Implementation

Table 13 shows the results obtained from the administration of the eleven items that related to programme implementation, that is, the conditions under which each provider programme began. 68% of the directors/managers interviewed were involved in establishing the service. 91% of them were professionally trained and reported that they had been involved in running correctional services in the past. In 77% of cases, that person was directly involved in staff selection and training, and 82% reported that they were active in facilitating some of their services' programmes.

Table 13: Programme Implementation in Provider Services

Item	Present in Provider Service (No.)	Present in Provider Service (%)
Programme Initiation	15	68
Qualifications	20	91
Previous Experience	20	91
Select/Train Staff	17	77
Conduct Programme	18	82
Literature Review	3	14
Pilot	5	23
Needs Assessment	6	27
Value Congruency	21	95
Cost-effective	18	82
Sustainable	17	77

Source: CPAI administration, 1998

14% noted that their service had conducted a literature research prior to the implementation of their programmes, and 27% indicated that their service had carried out a needs assessment prior to setting up their programmes. 23% of services undertook a pilot programme before the formal programme began to test the logistics and content of their programmes. The majority (95%) of providers stated that their services’ values and goals were congruent with those of the community. 82% maintained that their services were perceived as cost-effective, while 77% believed that their services were sustainable.

8.3 Client Assessment

Table 14 shows the results obtained from the administration of the twelve items that related to aspects of each service’s client pre-service assessment, that is, the service’s application of the principles of risk, criminogenic need and responsivity. Nearly all providers (82%) believed that they were serving *appropriate* clients. Of those that received inappropriate referrals, 8% stated that the clients principal need was other than that their service addressed; 5% stated that the clients lacked sufficient motivation to receive treatment; and, 5% maintained that “lower risk clients make more sense to work with, rather than waiting till they have offended multiple times.” The majority (95%) of providers reported either clinical or legal reasons for *excluding* certain clients from programme entry. The principal reason for exclusion noted was the presence of an unmanaged major psychiatric illness. Other exclusion criteria noted included low levels of intellectual development; sexual offending, particular against minors; the presence

of organic disorders, suicidal ideation, and severe physical disabilities; major substance abuse issues; history of arson; age; language; and, lack of motivation.

Table 14: Client Assessment in Provider Services

Item	Present in Provider Service (No.)	Present in Provider Service (%)
Presenting Problem	22	100
Appropriateness	18	82
Exclusions	21	95
Risk	12	55
Method	8	36
Need	20	91
Method	17	77
Responsivity	14	64
Method	4	18
Risk Level Defined	5	23
Need Level defined	4	18
Responsivity Factors Defined	1	5

Source: CPAI administration, 1998

55% of providers stated that they surveyed *risk* factors associated with offending. While some focused this assessment on static risk factors, such as, age of first conviction, and offence history; most others focused their questions on situational factors present at the time of the assessment - factors that either placed the client at risk of further offending or factors that indicated that the client was at risk of self-harm or at risk of being harmed by others.

We look at risk in terms of safety of himself or others. For example, under 20's would not be safe here, nor would those with different sexual orientations.

All the questions in the assessment have the goal of assessing risk in mind. That's why I want to find out: Who he drinks with? ... the amount of time he goes out and drinks ... the sorts of behavioural changes that occur when he drinks ... All this tells me how much at risk he is.

We do not do any assessment of risk of recidivism. We assume they are all high risk because of the type of offence. Risk for us is about future community safety. So we look at the person's circumstances, for example, who they are living with. Depending on that sort of information, we assess the level of risk of further offending.

We look at risk in terms of the level of responsibility the person takes for the behaviour and their feelings. The indicators we look for are reflected in the language they use and their desire to change.

Only 36% of providers reported that they used any quantitative methods with which to assess risk - all who did used file information, rather than a psychometric instrument. 23% stated that they defined risk qualitatively, that is, they defined client's risk levels in terms of high, medium or low.

Assessment of the *dynamic* factors underpinning clients' offending behaviour was conducted by 91% of the providers interviewed. The most common client variables assessed were substance abuse, aggression, relationships, cognitive distortions and anti-social attitudes and values. Others variables considered less frequently, included anti-social associates, self-esteem and depression, self-care, employment, finances and sexual offending. In most cases where such needs assessments were undertaken, providers used the personal interview in conjunction with an interview questionnaire. Only a handful (23%) stated that they used recognized measures (AUDIT; DAST; DSM-IV) with which to make such assessments.

64% (14) of providers commented that during client assessments issues of *responsivity* were canvassed. These issues included literacy, geographical location, language, cultural requirements, personal circumstances such as the presence of support networks and employment responsibilities and associations with anti-social individuals or groups. Of this informant group, 29% (4) stated that they tried to 'individualize' each client's programmes; 36% (5) stated that they tried to match the client with appropriate members of staff, in particular, in respect of variables such as gender, ethnicity and skill; and 29% (4) stated that they considered the match between the client's needs and the service offered. Assessing each client's level of motivation to participate in treatment was a variable considered by 79% of providers who assessed for responsivity factors. Methods used by providers to assess responsivity systematically was only reported by 18% of providers and only 1 (5%) provider made an attempt to summarize responsivity factors in a well-defined manner.

We don't treat people as individual cases. This is an education programme and we do not cater specifically to each individual.

That's what we pride ourselves in doing is matching the client's problems and the programme to the individual. That's all recorded in our casenotes.

I think about the kind of programme we have and how that is going to cater for this man's needs.

8.4 Programme Characteristics

Tables 15, 16, 17, 18 and 19 show the results obtained from the administration of the 22 items in the CPAI that describe the characteristics of the programme. Table 15 shows the behaviours and attitudes targeted by the service providers. The most common *targets* of service reported by providers included;

- increasing self-control, self-management and problem-solving skills;
- changing attitudes, orientations and values favourable to law violations and anti-criminal role models; and,
- improving skills in interpersonal conflict resolution.

Table 16 shows the number and percentage of treatment modalities used by the service providers. The three most common *modes of treatment* delivered by the provider services in the sample were cognitive/behavioural approaches; social skills training; and, social learning approaches.

Table 17 shows the results from the administration of those items in the CPAI that relate to the degree of therapeutic integrity demonstrated by the providers' programmes and the degree to which they apply the responsiveness principle. In terms of these intervention activities reported by the providers, 45% stated that they closely *monitored* the offenders' whereabouts and those with whom they associated. 86% stated that their service had a programme *manual* that detailed the content and activities of the programme. 23% reported that their programme occupied at least forty percent of offenders' *time*. Most noted that their programme only occupied between 2 and 2.5 hours of the offenders' time each week. 86% of providers had developed links with other reputable agencies to whom they could *refer* offenders for specialist interventions. 82% of providers maintained that their service provided offenders with some opportunity to have input into the structure and content of the programme; and 91% had clear criteria for programme *completion*.

Table 15: Programme Targets in Provider Services

Programme Target	Present in Provider Service (No.)	Present in Provider Service (%)
Change antisocial attitudes	17	77
Change antisocial feelings	15	68
Reduce peer associations	12	55
Reduce alcohol/drug problems	15	68
Reduce anger/hostility level	14	64
Replace lying, stealing, aggression with prosocial alternatives	13	59
Increase self-control, self management and problem solving skills	18	82
Constructive use of leisure	13	59
Improve skills in interpersonal conflict resolution	16	73
Promote positive attitudes/increase performance - skill/work	12	55
Resolve problems associated with child abuse	12	55
Promote family affection	15	68
Promote family monitoring	13	59
Improve family problem-solving	12	55
Deviant sexual arousal	4	18
Provide sheltered environment for mentally disordered offenders	1	5
Victim focus	13	59
Relapse Prevention	15	68
Alleviate barriers to treatment	14	64

Source: CPAI administration, 1998

Table 16: Treatment Modalities in Provider Services

Mode of Treatment	Present in Provider Services (No.)	Present in Provider Services (%)
AA	1	5
Advocacy	5	23
Budget advice	2	9
Chemicals	2	9
Client-centered Approach	7	32
Cognitive/Behavioural	10	45
Controlled Drinking	6	27
Covert Sensitisation	4	18
Cognitive Skills	7	32
Drug Testing	1	5
Education	7	32
Family Therapy	7	32
Gestalt	1	5
Healing/Holistic	1	5
Marital Therapy	1	5
Milieu Therapy	1	5
Moral Development	1	5
Non-directive Counselling	2	9
Operant Strategies	3	14
Positive Peer Culture	8	36
Psychodynamic Therapy	4	18
Recreation	2	9
Social Skills	11	50
Social Learning	13	59
Spiritual	4	18
Stress Management	7	32
Transactional Analysis	1	5
Vocational	3	14
Whanau – based	8	36

Source: CPAI administration, 1998

Table 17: Programme Activities in Provider Services

Programme Activity	Present in Provider Service (No.)	Present in Provider Service (%)
Location	10	45
Manual	19	86
Intensity/Risk	5	23
Advocacy/Brokerage	19	86
Client Input	18	82
Completion Criteria	20	91

Source: CPAI administration, 1998

With respect to *matching* programme, staff and offenders, only a few providers (23%) aligned the intensity of their service with the offenders’ level of risk. In 64% of cases offender characteristics were not matched with the type of treatment, nor were offenders matched with the personal characteristics and professional skills of staff.

Table 18: Operant Strategies in Provider Services

Strategy	Present in Provider Service (No.)	Present in Provider Service (%)
Ratio -Rewards/Punishers	20	91
Theory	9	41
Stimuli	4	18
Procedure	11	50
Negative Effects	11	50

Source: CPAI administration, 1998

Table 18 shows that meaningful *operant strategies* were present in varying degrees in the provider services examined. Under half of the provider services understood the theory underpinning such strategies; few operationalized appropriate consequences for breaking programme ‘rules;’ and, only half the provider services administered such consequences in a consistent manner and monitored the effect of such consequences.

Table 19 shows that *relapse prevention strategies* were present in some provider programmes. 91% of providers reported that offenders were trained to observe and anticipate problem situations. 68% of provider services offered offenders the opportunity to rehearse alternative pro-social behaviours and practice these in increasingly difficult situations. Two other

strategies - the use of significant others to provide support and the provision of post-programme maintenance groups were provided by 32% and 9% of providers respectively.

Table 19: Relapse Prevention Strategies in Provider Services

Strategies	Present in Provider Services (No.)	Present in Provider Services (%)
Monitor Problems	20	91
Rehearse	15	68
Practice	15	68
Support	7	32
Maintenance Groups	2	9

Source: CPAI administration, 1998

8.5 Staff Characteristics/Practices

Table 20 shows the results obtained from the administration of the 8 CPAI items that related to staff characteristics and practices. These practices include those related to employment, training and performance appraisal.

Table 20: Staff Characteristics / Practices in Provider Services

Staff Characteristics	Present in Provider Services (No.)	Present in Provider Services (%)
Education	12	55
Area of Study	9	41
Experience	20	91
Staff Qualities	5	23
Stability	21	95
Assessment	13	59
Training	18	82
Programme Input	20	91

Source: CPAI administration, 1998

55% (12) of provider services reported that their staff held tertiary qualifications and of this group all but 3 had studied in areas such as criminal justice, social work and specialist areas such as addictions. 91% of provider staff had worked with the offender population for at least one year. A high level of staff stability (95%) was reported by the providers interviewed.

Providers reported that when employing staff they placed most emphasis on previous experience, and while the personal qualities associated with effective correctional treatment were valued by providers, only 23% (5) of providers referred to such qualities within the context of staff selection.

82% (18) of the providers stated that their staff received pre-programme and ongoing training, however a somewhat smaller number of providers (59%) reported regularly assessing the clinical skills of their staff and these providers appeared to be mostly affiliated with national networks which required such standards of their membership. Most providers' staff (91%) were given the opportunity to offer input into programme modifications.

8.6 Evaluation

Table 21 shows that there was a paucity of systematic and thorough evaluation practices amongst the provider agencies to whom the CPAI was administered. Only 1 (5%) provider reported conducting and reporting on the effectiveness of their programme. Follow-up information concerning post-programme recidivism was reported in 2 (9%) cases. An audit system with which to monitor client progress and feedback, and clinical supervision was in place in 55% of cases; and 55% of providers reported conducting a client satisfaction survey. 73% of providers utilized some means with which to assess the treatment progress of offenders who participated in their services.

Table 21: Evaluation in Provider Services

Evaluation	Present in Provider Service (No.)	Present in Provider Service (%)
Quality Assurance	12	55
Client Satisfaction	12	55
Client Progress	16	73
Client Follow-up	2	9
Programme Evaluation	1	5
Unpublished Outcome Report	1	5
Published Outcome Report	1	5

Source: CPAI administration, 1998

8.7 Accountability

Table 22 shows the results obtained from the administration of 6 CPAI items that concerned accountability and ethical issues, together with the stability of the programme and its funding and support. 68% of service providers had comprehensive client files, which were securely stored to maintain confidentiality. All service providers operated within the context of ethical guidelines and in 91% of cases there was an individual or group of individuals with whom the service consulted about programme matters. While only 1 (5%) provider stated that programme changes had resulted in programme disruption over the preceding two year period, 18% commented that funding levels had jeopardized the smooth running of their service during the same period. 14% of providers perceived that the withdrawal of community support for their service had threatened the continuance of their service.

Table 22: Accountability in Provider Services

Accountability	Present in Provider Service (No.)	Present in Provider Service (%)
Client Records	15	68
Ethical Guidelines	22	100
Programme Change	21	95
Programme Funding	18	82
Community Support	19	86
Programme Advisor	20	91

Source: CPAI administration, 1998

8.8 CPAI – Results Summary

Table 23 shows both the CPAI scores for the different service types (Alcohol and Drug; Violence; Employment; Sexual; Mixed; National; Pacific Island) and a summary of the combined CPAI categories and combined service types. Of the 22 services to whom the CPAI was administered, the overall CPAI scores ranged from 38% (mixed programme) to 82% (residential alcohol and drug programmes). When the combined CPAI scores of the various programme types were examined the National Programme and the Sex Offenders Treatment Programme scored ‘very satisfactory’ results, with the combined Alcohol and Drug services and the Violence services scoring the highest in the ‘satisfactory’ category. Services where the least number of effective items were present were those that delivered Mixed and Employment services.

Table 23: CPAI Scores for Individual Programmes (scores in percentages)

A&D	Implementation	Assessment	Programme	Staff	Evaluation	Accountability	Service Total
Residential							
1	100	64	86	94	43	100	82
2	73	73	100	94	29	100	82
Non-Residential							
3	36	36	41	81	29	75	46
4	70	45	52	81	50	83	66
Average Total	70	55	70	88	38	90	69

Violence	Implementation	Assessment	Programme	Staff	Evaluation	Accountability	Service Total
5	45	64	64	94	43	83	64
6	68	45	68	75	43	100	65
7	82	82	66	44	50	58	66
8	77	55	59	100	43	67	65
9	68	50	80	94	21	100	70
10	82	45	70	94	50	100	72
11	82	36	70	94	43	100	69
12	91	59	73	94	29	100	74
Average Total	74	55	69	86	40	89	68

Employment	Implementation	Assessment	Programme	Staff	Evaluation	Accountability	Service Total
13	59	41	73	31	21	83	55
Average Total	59	41	73	31	21	83	55

Sexual	Implementation	Assessment	Programme	Staff	Evaluation	Accountability	Service Total
14	55	73	82	94	57	92	75
Average Total	55	73	82	94	57	92	75

Mixed	Implementation	Assessment	Programme	Staff	Evaluation	Accountability	Service Total
Residential							
15	40	36	82	81	29	100	67
Non- Residential							
16	55	18	52	88	29	100	53
17	27	27	27	88	14	83	38
18	68	45	45	75	29	67	53
19	68	41	57	56	29	42	52
20	64	55	68	63	43	83	63
Average Total	54	37	55	75	29	79	54

National	Implementation	Assessment	Programme	Staff	Evaluation	Accountability	Service Total
Residential							
21	72	64	91	94	57	83	79

Pacific Island	Implementation	Assessment	Programme	Staff	Evaluation	Accountability	Service Total
22	73	41	52	75	21	92	57

Source: CPAI administration, 1998

NOTE: The programmes are numbered to ensure anonymity. Those in italics are funded under the Maatua Whangai Programme Fund, while the balance is funded under the Community Programme Fund.

Table 24 shows that of the categories that comprise the CPAI, the ‘assessment’ and the ‘evaluation’ categories appeared to be the weakest overall, suggesting some development is required in relation to those indicators. For example, few provider services had adequate means with which to identify and measure the static and dynamic factors that underpin offending behaviour, nor a systematic method of gathering information about the offenders’ likely response to different styles and modes of treatment. In addition, the majority of services had little in the way of recording and measuring the progress of offenders during and following programme attendance nor the overall effectiveness or otherwise of their programmes. High scores were recorded for all programme types in the sub-category that focused on ethical issues and those associated with the management of change. There were also high scores recorded for all but one service type in the sub-category concerned with ‘staff characteristics and practices,’ indicating that the majority of staff employed by the provider services surveyed were educated and trained appropriately for the correctional context and that their practice was well supervised.

Table 24: CPAI Scores by Type of Provider Programme

Services	Implementation	Assessment	Programme	Staff	Evaluation	Accountability	Service Type - Total CPAI (No.)	Service Type - Total CPAI (%)
A&D	70	55	70	88	38	90	45	69
Violence	74	55	69	86	40	89	44	68
Employment	59	41	73	31	21	83	36	55
Sexual	55	73	82	94	57	92	49	75
Mixed	54	37	55	75	29	79	35	54
National	72	64	91	94	57	83	51.5	79
Pacific Island	73	41	52	75	21	92	37	57
CPAI Categories - Combined Totals	65	52	70	78	38	87		

Source: CPAI administration, 1998

8.9 Cultural Sub-Section

While the incorporation of the cultural questions assisted the analysis of the level of responsiveness of ‘mainstream’ providers to the needs of Maori offenders participating in their respective programmes, when applied to the Maatua Whangai Programme fund providers some of the questions seemed inappropriate and/or redundant. Maatua Whangai Programme fund providers raised a number of issues in relation to the five questions posed, and their comments are included in the results that follow.

Ethnic Make-up of Providers' Staff - 16 (73%) of the providers interviewed employed one or more members of staff who identified themselves as Maori. Of those who did not, 2 (9%) delivered services to Pacific Island peoples. Excluding the 4 (18%) providers who reported that the ethnic composition of their client group was unknown, Table 25 shows that 7 (32%) providers employed a percentage of Maori staff that was equal to, or greater than the number of Maori clients presenting for service.

Of the presence of Maori staff within a provider service, Maatua Whangai Programme providers made the following observations:

It's not enough to have a Pakeha face for a Pakeha programme, if you don't know the content and what works. It's the same for Maori and Pacific Island peoples. Being Maori or a Pacific Islander is important, but it's only one of many important components of the programme. Other Maori workers that I have spoken to know that they need models that work too.

Employing a Maori worker is not adequate. This might improve an agency's response to the Treaty on paper, but if you don't supply him with a separate budget... it's a power issue.

In sum, these providers believed that New Zealand correctional benchmarks relating to the ethnic make-up of staff needed to include indicators that reflect the provision of adequate resources to support such staff, for example, financial resources and programming resources that reflected effective models of practice for Maori.

Policy which Reflects Treaty Principles - The second question related to the inclusion of a statement of the Treaty Principles in the service's policy documents. Apart from the 2 providers who delivered services to Pacific Island peoples, all the providers interviewed stated that their services' policy documents reflected the Treaty Principles.

Without exception Maatua Whangai providers believed that such Principles are "demonstrated rather than written." Moreover, these providers observed that amongst 'mainstream' programmes, "there is still no real understanding ... about what it means to work according to the Treaty," and that they are "not audited with the same expectations as Kaupapa Maori programmes." To overcome such issues one such provider suggested asking the question: "How are the Treaty Principles demonstrated in the programme?"

Table 25: Maori Staff and Maori Clients in Provider Services

Provider	Maori Staff (%)	Maori Clients (%)
1	36	33
2	25	Unknown
3	100	100
4	0	80
5	17	15
6	22	17
7	0	70
8	50	70
9	21	33
10	17	26
11	0	8
12	100	100
13	50	75
14	0	Unknown
15	33	Unknown
16	0	0
17	40	Unknown
18	100	100
19	83	95
20	67	91
21	60	60
22	0	0

Source: CPAI administration, 1998

Another provider observed that guidelines would need to be developed with which to assess the adequacy of the responses to this question.

A further, and quite unexpected issue, arose during interviews with providers delivering services to Pacific Island peoples. The issue concerned the appropriateness of applying cultural items of a Kaupapa Maori perspective to services delivered by different cultural groups and with an inherently different philosophical base. It was suggested that four of the five questions in the cultural sub-section of the instrument could be reworded to suit other cultural groups - for example, ‘Give examples of how the design of your programme would meet the treatment needs of Samoan clients?’ However, the question relating to the Treaty Principles posed greater difficulties. Because of the nature of New Zealand society, providers hypothetically thought that the Treaty Principles should equally apply to all those residing in New Zealand. In

practice however, the application of such Principles did not appear so easy and referral of the issue to the Pacific Island community for discussion was posed as an immediate and appropriate response.

Suitability of Service for Maori Clients - The third question asked whether the assessor discussed with Maori clients the suitability for them, of various programming options. This question drew a range of answers - answers that ran along a continuum from no discussion; to discussion after the client had participated in the programme for a time; to a comprehensive discourse about the cultural nature of programming options together with an explanation of “what it means to be part of a Maori value-based programme and what it involves.” Of all the providers questioned 15 (68%) stated that to some extent or other, Maori clients were asked about the suitability of their service for them.

Some providers (18%) expressed concern about Non-Maori assessing Maori.

I am concerned about Non-Maori Probation Officers assessing Maori clients. This person does not understand the Maori perspective. They view the Maori perspective as alternative. I believe, in this situation Maori clients will not be referred to the appropriate Maori agency.

Providers observed that more often than not Maori clients, if given the choice, preferred to participate in a ‘mainstream’ programme. They maintained that the principal reason for favouring this option was “shame.” For example, “Maori clients will not want to go to a Maori provider because that would mean identifying their ignorance of Tikanga.”

Providers emphasized that if the factors underlying the offending behaviour of Maori were not related to their “whakapapa, tikanga, culture and upbringing, then connections would not be made with treatment staff and positive behavioural change would be unlikely to occur.”

Providers maintained that the concept of whakawhanaungatanga was central to engaging and working towards positive change for Maori offenders. One provider drew attention to Hakiha's (1997:13) discussion about resolving conflict from a Maori perspective:

From the world of the Maori you don't obtain knowledge by looking for detail, dissecting, uncovering, or by going deeper and deeper, for the Maori you go 'outwards.' Knowledge is gained from the relationship that people have with the wider systems. Not through a relationship with their own feelings, their own thinking or their own intelligence, but through the relationship they have with the sky, land, ocean, mountains and their families and the things that are much bigger than the individual.

The relationship of the individual to whakawhanaungatanga is crucial. When Maori meet for the first time a lot of time is spent on linking and networking the person(s) with their respective Whanau, Hapu and Iwi.

One 'mainstream' provider stated that their agency had dealt with this issue of matching Maori clients with suitable services by adhering to the philosophy of parallel development. In action, all Maori clients referred by the CPS to this 'mainstream' agency were in the first instance, referred on to a local Maori provider; and it was this Maori provider that assessed whether the client should participate in their programme, or be referred back to the 'mainstream' agency for programme attendance. As one solution to the issue of appropriate assessment protocols, the philosophy of parallel development is not always possible. For example, some providers noted that in certain areas of New Zealand, parallel services delivered by Maori for Maori were not yet operating. Another suggested solution was to assign Maori offenders to Maori Departmental staff, however a solution such as this might be confounded by insufficient numbers of Maori staff to work with the large numbers of Maori offenders. Only 18.5% of Departmental staff have identified themselves as Maori (Leader Payroll Information Database 1999), while 43 % of those convicted for non-traffic offences were Maori (Spier, 1998).

Programme Design to Meet the Treatment Needs of Maori - Only 1 (4.5%) agency in the sample stated that there was nothing in the design of the programme to especially meet the treatment needs of Maori. More general answers included, providing the programme in a community and group setting; that the content of sessions was delivered verbally, rather than in written form; the presence of Maori staff; providing staff with Treaty training and/or specific training in how to work with Maori; the presence of Maori staff who were fluent in Te Reo and with whom Maori clients could work in their own language; making connections with local Iwi or Maori groups to which clients were referred to attend Te Reo groups, whanau groups or kapa haka groups; involving whanau in the treatment process; and either introducing sessions with karakia or a "quiet time where clients can focus and be present."

More specific examples noted by providers related to the philosophy underpinning the agencies work; the environment; the engagement process; and the responsivity principle.

The Philosophy - While ‘mainstream’ providers reported that they targeted their interventions towards identified ‘clinically relevant’ dynamic risk factors, this was not the only focus of organizations that were Maori value based. Rather they described their focus as a healing process to restore “Maori health and well-being” – a focus which was holistic by its very nature.

The Environment - Providers stated that for the environment to be suitable for Maori it needed to be informal and welcoming. Some stated that because “Maori are very creative,” the programme delivery environment needed to be visually and culturally appropriate. For example, murals, carvings and pictures of tipuna should adorn the walls. Providers commented that each client identified, connected and related to one of the Maori Kaumatua and Kuia pictured on group room walls. They added that murals and carvings reflected the agency’s philosophy and practice - for example, “gathering knowledge on the journey from dark to light.” The interventions, they maintained, should be delivered in a descriptive manner through stories (purakau) or music, and “clients are very receptive to that.”

The Engagement Process - Maatua Whangai providers stated that organizations that are Maori value-based work from a powhiri framework. They were adamant that “if the powhiri process doesn’t work Maori clients will smile, be pleasant, but tell you nothing.” The powhiri process was described as varying according to the level of formality of the occasion, but generally it involved a number of discrete steps. First the visitor or client stood at a distance and delivered a formal greeting. Then the client waited for a response and guidance from the host. Engagement essentially involved making connections - identifying who you are and where you are from. The hongi was described as a very powerful process with which to break down barriers to engaging clients. Being a practice of total acceptance and protocol, the connection between client and worker is immediate. Once the connections were made, food was shared and it was this ritual that cemented the engagement process. Only at this stage could the programme delivery begin.

The Responsivity Principle - Maatua Whangai providers commented that for programmes with a Maori value-base engaging people, connecting people, and stories were important responsivity factors. These programmes were designed so that each component of the programme had a parallel in Maoridom. Wakapapa and Wairua were described as the two essential ingredients for reaching and healing clients. Whakapapa involved exploring their

personal and cultural history. Wairua explored “clients’ perceptions of how stable their lives are; who do they turn to for support; and exploring their level of functioning.” These aspects were said to be examined through the powhiri process, whanaungatanga, karakia and waiata. It was these processes that “bring people into their own space again. It enables them to heal.”

In sum, most providers were able to describe some aspects of their programme’s design that they believed would meet the treatment needs of Maori, although the level of this response was somewhat cursory at times, especially amongst the ‘mainstream’ providers. This observation was observed by some providers who were of the opinion that many providers “only have a superficial understanding of what is required to deliver a genuinely responsive service to Maori,” and moreover, they commented that those assessing the adequacy of provider efforts to meet the cultural needs of their target group have few if any guidelines upon which to base such decisions. While some stated that in the long term further training and more meaningful levels of consultation with local Iwi and Maori groups may enhance all parties’ comprehension of the nature of this responsiveness, in the short term one Maatua Whangai provider suggested altering this question to facilitate a better understanding of the ways in which those delivering services to Maori responded to this group’s cultural needs: “Which aspects of your programme are based on Maori Kaupapa and Tikanga?”

While some providers anticipated that this question may well provide more demonstrative examples for those searching for evidence about the level of provider responsiveness to Maori clients, others stated that discussing such details about programmes delivered from a Maori kaupapa was a sensitive issue. Two reasons were given for this. First, many Maori providers believed that because they “live and work according to kaupapa Maori, they shouldn’t have to continually justify their method of working.” Second, for some the development, content and delivery of their programmes is toanga to that service, and as such they maintained that requesting information about the programme may well impinge on the mana of their knowledge.

Links with Local Iwi or Maori Groups - The issue of consultation was at the very heart of the fifth question posed to providers. Only 25% of those interviewed stated that their service had developed formal protocols with which to consult local Rununga. Others (40%) had established connections with local service providers working from a Kaupapa Maori base or had informal and personal connections (20%) with Maori staff working in other agencies.

15% had yet to establish any links with either local Iwi or local Maori groups. Some providers referred to the difficulties of establishing meaningful links with local Iwi, reflecting that making such connections were “fraught with difficulties.” These difficulties evolved from past experiences with ‘mainstream’ service providers, where local Iwi “felt used and let down” by provider actions. In these situations where trust had been betrayed, some providers reflected that time had to pass during which they would re-establish their agencies reputation. Another provider suggested using each sub-section of the CPAI as “issue statements.” Such issue statements would form the basis for a hui, where the CPS and Maori service providers would have the opportunity to explore their respective expectations and requirements in relation to each of these issues.

8.10 Provider Reactions to the CPAI

The study included five questions (Appendix 2) seeking providers’ opinions about the usefulness or otherwise of the CPAI. Providers were asked about the relevance and appropriateness of the content of the CPAI and the process with which it was administered; their views about the application of this instrument for purchasers and providers; and to provide suggestions about ways in which the instrument might be developed to make it more appropriate for the New Zealand correctional setting.

Content - The majority (91%) of providers in the sample viewed the items comprising the CPAI as relevant to the work undertaken by their agencies. Of those who disagreed with this view, the main points of contention concerned the predominance of the ‘mainstream’ perspective inherent in the content of this measurement instrument; and, an opposition to the imposition of an ‘expert’ view of what works with offenders, rather than a community-directed or client-directed assessment of what constitutes an effective correctional intervention.

86% of providers experienced no problems with understanding the questions posed, although some (36%) noted that a few words used in the scoring guide required explanation. Examples of problematic terms included reference to the treatment options such as rational-emotive therapy and milieu therapy; reference to terms such as punishment within systems of reinforcers; and the use of the word community in the ‘programme implementation’ sub-section - does ‘community’ reflect the wider community, the professional community, the local community, or the community of purchasing agencies? Providers reasoned that education and training in the theories and models of practice underpinning the content of this

instrument, would facilitate an understanding of the terminology used in the CPAI. One provider's explanation for the lack of understanding of some of the terminology, was that "they (the providers) don't do things that way."

Another provider observed that the instrument tended to standardize programmes and services, rather than exploring the unique features of each programme - "aspects which make them special" and help to explain why they "work."

Still others observed that the CPAI made assumptions about the organizational structure of programmes and services. For example, "it takes for granted that programme directors have a management and a clinical role to play in an agency;" whereas in New Zealand there are a variety of ways in which agencies are structured. Some separate the roles of the clinical director from the overall director, and include an additional role for managers. Still others work as sole practitioners; and many use contracted staff to facilitate the programme's interventions.

Process of Administration - 86% of providers favoured the face-to-face administration of the CPAI. They experienced the interviewing style as "user friendly" and "non-threatening." Two additional advantages of using an interview to administer the CPAI were noted by providers. First, they maintained that additional information could be gleaned from being present to observe the "transferences and energy shifts" of the interviewee's body language. Second, several providers observed that the interview lends itself to the use of probe questions to verify the information provided. For example, "some might say they use a cognitive/behavioural approach, but you need to ask how this is reflected in their practice to find out what the agency really does." An additional advantage of being present to administer the CPAI was the ability to sight evidence about the information given.

The length of time to administer the CPAI varied from between 55 minutes and two hours - the average time being 1 hour and 37 minutes. Most (91%) providers stated that the experience was positive. Only 1 provider thought the instrument was too long, reflecting feelings of fatigue about half way through the interview.

Value of the CPAI for the Provider - Providers were asked in what ways the information gleaned from the administration of the CPAI could be useful for them? By far the most

common response (77%) to this question was that the results obtained would be an indicator of their agency's performance. They stated that such performance information would provide a basis from which to develop the service's strategic plan, so that the goals and objectives comprising the plan would provide the agency with direction to ensure that their activities were appropriate and that accessibility to their service would be enhanced.

An evaluation of each service's strengths and areas for development was appreciated by a number of providers (55%). One provider framed the administration of the CPAI within an "action-reflection model:"

One of the things I have noticed about working at the community level within an action-reflection model, is that there is more action than reflection. It's been useful for me to reflect on the work that we do and to see whether we are covering all the bases that we need to be. Going through the questionnaire highlights there are things that we are doing well and things that we need to be doing better.

Some saw this analysis as a guide and motivation for ongoing development, while others viewed such development as a means with which their service could become more responsive to the needs of clients. The anticipated benefits accruing from this sort of directed development included, the prospect an increased number of client referrals and receipt of more financial resources.

Some providers viewed the utility of the CPAI in more general terms, while other comments were more specific. From a general perspective, 1 provider reflected on the importance of having consistent principles upon which to base the delivery of services nationally:

My sense is that it is quite a good map. By that I mean it is putting more form to the work that we are endeavouring to do. There's not a lot of form to it at present, ... what we do here, in town and in other places is different. ... If we talk about national delivery there is not a lot of consistent mythology or belief ...underpinning the models we use.

From a more particular perspective, providers saw the CPAI as leading to a greater specificity in the manner in which services were delivered. They commented that the CPAI invited services to set "goals related to reducing re-offending;" to design programmes that moved from a "health to a justice perspective;" and to provide providers with a "clear process for understanding the basis upon which purchasing decisions are made." Other advantages noted about the use of the CPAI focused on the relationship between service providers and service

purchasers. For example, providers saw the CPAI as a means with which to enhance the process of consultation and feedback between the parties - a means of overcoming the isolation many providers experienced working in the community.

The CPAI looks like a very professional and well founded document. One can become isolated doing the same thing year after year - good to get some professional feedback. I see this as making us accountable.

Although the benefits of having clear direction about how to provide effective correctional programmes was acknowledged, some recognized the difficulties accruing from this direction being different from other funding agencies.

Value of the CPAI for the Purchaser - According to service providers interviewed, there were a number of flaws inherent in the present method with which the CPS assessed the worthiness and potential effectiveness of their programmes for delivery to offenders. The flaws, identified by providers centered on issues of integrity, consistency of standards and the possibility of service 'capture.'

Of the issue of programme integrity, providers stated that the CPS did not request a detailed outline of their programmes and this lack of detail precluded a comprehensive evaluation of the methodology and strength of programmes and services delivered to offenders.

The CPAI would be useful as a screening tool and its administration should be conducted in a face-to-face interview to ascertain whether these programmes know what they are talking about; or is it just a big front? I have come across a number of community-based agencies that stole each other's work. They plagiarized each others policy and procedural manuals. When you talk to them they don't have the first clue about what you are talking about.

Another provider knew of agencies that "just ticked the right box - say yes to this one otherwise they'll (the purchaser) find out what really does happen." Some of those interviewed suggested that in some instances, providers have learned and adopted tactics with which to satisfy the purchaser's requirements on paper, but that on closer examination such programmes may not meet the best-practice standards associated with effective correctional programming.

While providers explained some measures used by providers to maintain their preferred means of delivering services in practice, while satisfying the funder requirements on paper; they also believe that those responsible for selecting preferred providers, may also have a "stake" in

preserving historical relationships with providers in their area. It was the contention of some of those interviewed, that purchasing decisions based on subjective judgment, was one means of maintaining relationships with providers whose services may no longer meet the requirements and expectations of those interested in contracting services with an evidence-based link to the outcomes sought. In this light, providers viewed the CPAI, as an objective measure of the potential efficacy of correctional programmes, and one way with which to counter any tendencies to purchase services that may add little, if any, value to goal attainment.

The Community Probation Service needs something with which to judge what they are buying. It might sound great, but that's not enough... too subjective. I value the objectivity of measures like this because it takes away the personality, subjective stuff.

The perceived objectivity of the CPAI as a psychometric instrument was also seen by a number of providers as a means with which to include “a cost-benefit analysis” within the context of the pre-contract assessment and as a means of comparing a range of services in order to “get more of an idea where to put the money from the funds.”

The analysis above suggests that informants in this sample are well aware of the need for a consistent national approach to purchasing correctional programmes, and that such an approach would need to provide an assurance of adequate treatment strength and integrity. One corollary that follows from the implementation of a best-practice standard concerns the adequacy of financial resources. In the words of one informant: “You only get what you pay for. Purchasers have to be prepared to pay for professional services.”

Application of the CPAI within the New Zealand Environment – In the light of the issues that might arise by applying an international benchmark to a social system different from that in which it was developed,⁹⁶ informants were asked to identify any issues that they could perceive concerning the administration of the CPAI within a New Zealand context.

Informants raised two issues in this regard. First, informants recommended the importance of adopting an ethnographic approach to the collection of data – particularly in relation to Maori

⁹⁶ See Pollit, Love and Joss (1994:14). These authors identified a number of issues associated with the transfer of an international benchmark to a variety of social settings. These issues concerned decisions about which characteristics to benchmark; which inputs and processes to include to explain the results of a benchmarking activity; and the requirement to standardize benchmarking characteristics to facilitate comparison across jurisdictions.

value-based programmes and the providers of those services.⁹⁷ They added that unless the researchers approach was carefully managed, information may be less than forthcoming.

The way services are developed and delivered may be toanga to that service. They may not give information because that may cut across the mana of the knowledge. You (the researcher) need to ask about the kawa relating to each service you contact.

This discovery was especially pertinent to this study because the administration of the CPAI demands a considerable investment of time, thought and application on the part of those answering the questions posed. Furthermore, it demands accurate information and such accuracy can only be assured if a degree of trust and respect exists between the parties receiving and giving the information.

The best way to discover what one needs to know to access a particular culture is to ask. Within the New Zealand context there is a multitude of different protocols observed and these differences depend on the social context in which informants live and work. The continuum ranges from a strictly traditional adherence to local Iwi protocols to a completely flexible approach where “the aim is to make the visitor feel welcome.” Failure to be aware of and prepared for the appropriate approach, will necessary result in a less than satisfactory experience for both researcher and informant.

Following the informants’ advice, the approach taken within the context of this study was to ask each informant prior to the face-to-face interview about local kawa or protocol. Advice centered on the appropriate powhiri process and included approaching Kaumatua at local marae to request permission to conduct the research; being prepared for and participating in a formal powhiri and/or mehi mehi; and being accompanied by a support person who spoke on my behalf. Establishing identity, connections, and that the knowledge imparted would be safeguarded was essential to “opening “informants to the data collection process.

The second issue raised by informants concerned the differential cultural standards applied to ‘mainstream’ programmes and those programmes delivering Maori value-based programmes to Maori offenders. This observation seemed particularly pertinent when anecdotally

⁹⁷ Kaplan et al. (1972:22) describes “the aim of ethnography should be to discover what one should know in order to get around in a particular culture.”

informants observed that many Maori offenders are referred to and participating in 'mainstream' programmes - an observation supported by this study where informants reported on average that 48% of clients received by these agencies were Maori. The cultural standards presently required by the CPS were viewed by some informants as a token gesture. For example, one informant stated:

Lots of programmes ask people about their Iwi, but they don't have a good understanding of what this means; or what to do with it when they get the information.

There is still no real understanding amongst programmes about what it means to work according to the Treaty.

The results to the cultural questions answered by 'mainstream' providers in the sample would suggest that there is a continuum of understanding about "what it means to work according to the Treaty." According to Maatua Whangai providers this continuum ranged from "little understanding" to situations where there is a considerable understanding as evidenced in the bicultural practices of some agency staff.

Some suggestions from the providers within the sample concerning what to include in standards relating to cultural aspects of a programme included, the employment of Maori staff; the inclusion of a separate budget with which to implement the bicultural aspects of the programme; that programme methods and protocols reflected kaupapa Maori values and that such protocols are observable and applied consistently. For example, providers stated that programme protocols and delivery should recognize, respect and reflect the importance of the powhiri framework, whakawhanaungatanga (inter and intra family relationships), wairua, akoako (to consult), aarita/pangia (touch/to be tactile), the use of Te Reo during programme delivery, the involvement of whanau and the use of whanau-type meetings, munakore (non-confidentiality), imagery, visual learning styles, marae experiences, kai, karakia, waiata and stories; training of Non-Maori staff to work appropriately with Maori, together with their attendance at Treaty workshops; providing an environment that was visually appropriate; and, the use of words that reflect Kaupapa Maori.

While these were the more particular suggestions put forward by providers, one other informant maintained that the development of standards relating to the cultural components of programmes should be a consultative process. As a beginning this informant suggested using

each sub-category heading of the CPAI as an issue statement and arranging a hui during which the CPS and Maori service providers “could explore their respective expectations and requirements in relation to each of these variables.”

Chapter 9: ‘Policy Makers’ or ‘Policy Takers’ – The Question of Responsiveness

In the context of purchase-of-service contracting, purchasers buy programmes with the aim that such services will positively contribute to their organization’s goals. Hence it follows that if the purchaser is the CPS, then the goal to which purchased non-statutory services would ideally contribute is the *reduction in re-offending* – a goal which has a valid link to one goal enunciated by government.

9.1 The Ultimate Outcomes - The Government’s Strategic Result Areas

In February 1995 the Government published *Strategic Result Areas for the Public Sector 1994-1997*. This document presented the key activities critical to the success of the Government’s strategy at that time. These key activities have since been revised by the Coalition Government, which formed in 1996. Of the Strategic Result Areas identified in this latter publication, Strategic Result Area 6, Safer Communities, is that which provided the focus for the Department of Correction’s core business activities. This Key Result Area reads:

Enhanced community safety for individuals, families and communities, through inter-agency development of policies and delivery strategies for responding to crime, including crime prevention, management of offenders, and support for victims.

The Government’s focus was acknowledged in the Department of Corrections’ publication, *Department of Corrections Forecast Report, 1 July 1998 - 30 June 1999* (1998:23) - a publication which directed the Department’s activities to reduce re-offending by;

- addressing the underlying causes of criminal offending;
- emphasizing prevention and early intervention;
- encouraging pro-active multi-agency partnerships between government agencies and community organizations; and,
- respecting peoples’ rights.

9.2 The Department of Corrections’ Key Result Areas

In order to contribute effectively to ‘Safer Communities,’ the Department reviewed its Key Result Areas (KRA) for the 1998/99 financial year. These KRA’s directed the Department’s business by providing opportunities for offenders to address the factors underlying their offending, and thereby contributing towards an overall reduction in re-offending. The KRA’s

fall into two categories - purchase KRA's and ownership KRA's – and those pertinent to the focus of this research study are noted below.

The purchase KRA's noted for the 1998/99 financial year were;

- *to deliver integrated and effective offender management* (in order to strengthen the focus on offenders); and,
- *to recognize the particular needs of Maori in terms of reducing re-offending* (in order to recognize that Maori are disproportionately represented amongst the offender population, and to develop and employ appropriate interventions, and then measure the consequent outcomes).

The ownership KRA's were;

- *to invest in the development of Departmental staff* (a goal that recognizes the significant contribution staff, with appropriate qualifications and skills, can make to successful outcomes for offenders);
- *to effectively manage the use of and communication of information* (achieved through the Department's introduction of new information technology referred to as the Integrated Offender Management System - a system designed to increase the Department's ability to assess the relative effectiveness of correctional interventions); and,
- *to implement a contracting framework* (in order to enhance the transparency of the Department's activities, and provide a framework with which to audit and monitor performance) (Department of Corrections Forecast Report - 1 July 1998 - 30 June 1999:24-25).

9.3 The Community Probation Service's Strategic Result Areas 1998/99

During the 1998/99 financial year the CPS adopted a number of Strategic Result Areas (SRA). These SRA's included:

- **Reduction in re-offending** - The Service promulgated effective sentence management as the key to reducing re-offending. The Service identified a number of activities that would contribute to the effective management of sentences. These activities included the development of case plans for offenders that focused on criminogenic needs; the provision of appropriate community-based, rehabilitative programmes; and, the provision of opportunities for offenders to make reparation to the community in the form of community work.

- Public perception - The Service aimed to use marketing strategies in order to present the Service’s work in a positive light.
- Being a leader - The Service aimed to achieve international recognition for the quality and range of correctional interventions employed.
- Culture change - The Service aimed to develop an organizational culture that reflected its values of honesty, integrity, learning, inclusiveness and worthwhile contribution to society.

9.4 The Goal of the Community Programme & Maatua Whangai Programme Funds

The CPS annually allocates funds to external programme providers in exchange for the delivery of rehabilitative services for offenders. The goal of these Programmes is to address specific behaviours related to offending (Community Probation Service Manual, 1997:Volume 1, Part 12:1-2).

9.5 Summary

Table 26 summarizes the goals pertinent to the provision of rehabilitative correctional services, in particular those services delivered by external providers - the focus of the present research study.

Table 26: The Cascading Links Impacting on the Purchasers’ Goals

Level of Goal	Goal
Government	To manage offenders through inter-agency policies and delivery strategies that enhance community safety.
Department of Corrections	To implement an integrated and effective offender management system within the context of a contracting framework, and which focuses on offenders, in particular Maori offenders.
Community Probation Service	To reduce re-offending by employing internationally recognized best practice standards within the context of sentence management.
Community Programme / Maatua Whangai Programme Funds	To purchase externally-provided services that aim to address offence-related behaviours.

Source: NZ Department of the Prime Minister and Cabinet (1995); Department of Corrections organizational records.

First, there is an emphasis on inter-agency collaboration. Second, services delivered to offenders must meet internationally recognized standards. Third, the focus is on the client (offender), and in particular Maori offenders. Last, the correctional services employed must have a positive impact on reducing re-offending.

9.6 The Providers' Goals

53 (94.6%) providers in the sample were able to describe their services' goal statements.

Overall these descriptions suggested an alignment between providers' result areas and those of the purchaser, outlined in the previous section. For example, 75% (42) of the providers' goal statements were offender focused and targeted criminogenic needs (compared with 19% that were family focused, and 6% that were victim focused). Providers generally believed that entering contractual relationships with government agencies did not displace their services goals because they "only contest for contracts that fit with our organizational goals."

Two examples described by informants illustrate the observed alignment:

To facilitate abuse-free lifestyles for those who sexually offend.

To reduce drink/driving offending.

59% (33) of the providers described quite specific statements (such as those listed above) about the results their services hoped to achieve. From an evaluative perspective, such goal-specific statements appear conducive to evaluating outcomes. Others were less specific, that is the statements provided direction for the providers' work, but were less amenable to directing evaluative activities.

Every home a safe home; every street a safe street.

We nurture from the cradle to the grave.

Our service enables people to pursue their personal potential.

To make men strong.

9.7 Achieving Responsiveness Through Goal Alignment and Clarity of Expectations

Goal Alignment - Six (43%) Area Managers and 3 (19%) of 'Contract Managers' were convinced that if there was an alignment between the organizational goals of the purchaser and the providers, then that was one indication that the latter was responsive to the policies of the former. They believed that such an alignment ensured that the intervention efforts of both parties were moving in the same direction: "We both need to focus on reducing re-offending." Only 1 CPS informant was philosophically opposed to the Service "imposing its

administration of the public intent – the reduction of re-offending – upon voluntary sector providers, whose mission is to respond to community-perceived needs.”

A number of CPS informants expressed concern that providers might not be focusing on ameliorating offending behaviour.

I don't know if all the providers that apply for funding are in tune with the Department's goals. I think sometimes the driving reason behind their organization dominates.

There is a lot of crap talk, quite frankly, about our relationship with providers. Really what we want is those organizations that are prepared to work with offenders and bring about changes in their lives. If they aren't focused on that, well then it's basically just talk at the end of the day.

Another Area Manager, referring to stopping violence services, stated that “our Service's task is to rehabilitate the perpetrator of violence, whilst the providers' goals were to support the victims of violence.” Some reasoned that if the two parties' goals were indeed aligned, then they would not observe “so many examples where service provision had brought about no change in offenders' behaviour.”

There is a tension between the providers' sovereignty and self-determination about the services they choose to deliver and our knowledge from the literature that leads us to being able to specify what an effective programme is.

Informants from both the CPS and provider samples reflected that services were purchased on the basis of “meeting the agencies' goals, not Community Probation goals.” This view was substantiated by the comments of 9 (64%) Area Managers, who commented that some of their peers purchased services whilst holding the view that “the purpose of this funding was to ensure the survival of agencies, rather than to address the identified offender needs.” Moreover, many providers maintained that there was little discussion during contract negotiation concerning the way in which their services' goals contributed to that of the purchaser.

In contrast to this position, 32% of providers maintained that their services had been specifically designed for offenders; or they were “clear about defining their own business” and when their programmes were inappropriate for offenders, they referred them to other more appropriate services – services with which they had developed partnering or cooperative relationships. 6 (11%) other providers noted that there had been a shift for them, from

providing services based on their perception of clients' needs, to an emphasis on delivering services targeted at purchaser identified client needs.

Some now viewed purchasers of services as their primary client. This, they perceived, was linked to their requirement to maintain an income to support the continuation of their agencies' operations. As a result of this view some services had had to be reduced - for example, one agency reduced their 24-hour telephone counselling line to a day-time service. In other cases, whole programmes or areas of work were aborted - for example, one provider no longer delivered a men's communication group, while another reported they no longer had the time or resources to liaise or network with the community.

Clarity of Expectations – Overall almost all Area Managers thought that it was important that providers were clear about the CPS's expectations with respect to the results their Service endeavoured to achieve, as well as their expectations concerning the context and delivery of correctional programmes. They framed these programme design expectations in terms of the principles of effective correctional programming and believed that if offenders were exposed to service underpinned by such principles then a reduction in recidivism would ensue. Despite these presumptions 6 (38%) 'Contract Managers' expressed their concern that the Service had failed to clarify such expectations with providers: "There needs to be greater clarity about what is required of someone delivering an effective programme for offenders." This concern was verified by most providers, at interview. They commented that they had received "little information about the CPS's policies that impacted on the contractual relationship."

Although the informants' comments suggested that in many cases CPS did not make their expectations clear, providers were asked to *surmise* what these expectations might be. Of the outcomes expected by CPS, 96% of the providers were able to present a view. Twenty-eight (50%) providers thought CPS's expectations of their services' performance was that their interventions would positively impact on curbing offenders' criminal activities. 52% of providers noted that CPS would expect intermediate outcomes that related to the achievement of the respective providers' programme objectives, rather than the objectives of the purchasing agency.

While almost all providers were able to offer a view about what CPS might expect in terms of results, 37 (66%) were unable to offer any comment about the Service's expectations in terms

of the design of their programmes. Providers reported that the contractual parties had never discussed preferred models and styles of practice and that the CPS “leaves it to us to decide how we work with offenders.”

They don’t actually ask what we are doing. I think the whole contracting process is quite impersonal. They have no idea what we do. All they do is look at the end result.

From my perspective having negotiated the last three contracts with them, it’s hard to get a grasp of what their expectations are. Their expectations are not clearly defined, and I’m not too sure that Probation understands what they are purchasing.

Barriers to Responsiveness - Informants noted a number of impediments that contributed to ensuring the alignment of goals between the contractual parties and their seemingly inexplicit understanding of each others expectations. First, providers maintained that the CPS had no performance standards with which to compare the design of provider programmes. Instead, both informant groups perceived that the Service accepted the programmes as they were presented by providers.

What they seem to be getting is programmes that come out of our beings, our own work and our own knowledge of what is required ...we write all this down and give it to them for comment. It comes back with no comment. They don’t seem to know what they want.

All we do is ask them to note their services, and if it looks roughly right then we go ahead and bury everything else we have in mind. Then we complain that they aren’t delivering what we wanted them to.

Second, while 40% of Area Managers believed that the contract made explicit the Service’s expectations of providers, 60% believed this was not the case. ‘Contract Managers’ agreed, stating that the contract was “dry” focusing more on compliance issues and appropriate remedial action, as opposed to being a “living and purposeful” document that included relevant aspects of the Service’s business plan objectives and the means with which to achieve these.

Third, CPS informants observed that most providers received their funding from a variety of sources and that at times the organizational objectives of these funding sources were at odds with those of the CPS. Moreover, since in most cases the level of the CPS’s funding was significantly less than that of other funding bodies, providers tended to adopt the goals of the major contributors. Providers confirmed this observation, stating that they designed their programmes to suit “clients from other sectors and (that) they were not tailored to be effective with the offender population.”

By and large we accept what the organizations say they will provide. That's because we are but one of a number of purchasers. So we are only little players, because we don't pay as much as the other purchasers. Our clients are more and more getting pushed into the background, and they are becoming more and more a less attractive item.

There were three other possible factors operating that might cloud messages about performance between the contractual parties. These factors were only noted by providers. First, providers implied that there was an *understanding* between the contractual parties concerning performance expectations, and that such an understanding had developed as a result of the lengthy relationships between many of the providers and the CPS. In sum, performance expectations were implicit rather than explicit.

Second, providers reported that different messages about performance were being delivered at different levels within the CPS. They received different messages from Head Office staff and these were different from those delivered by Area staff, and in turn both the aforementioned messages were different from those delivered by field staff.

Third, philosophical differences between the CPS and some providers meant that the parties appeared to be talking past each other. This philosophical difference was particularly evident amongst informants, who received funds from the Maatua Whangai Programme fund. They described the CPS as "a punitive system" and advocated that "you cannot have cure when you are working from a punitive point of view."

There is a variation between their way of working and expectations, and ours. They use straight confrontation and they get a veneer of psychological improvement. We take a quieter approach, because we work under Tikanga. They lack understanding of our model and lack understanding of Maori ... We say that we are Tangata Whenua, and under the Treaty of Waitangi we should be treated as a partner, as a colleague, rather than a service provider.

Strategies for Enhancing Responsiveness - While the data suggest that there are a range of factors that preclude providers in this sample from being less than optimally responsive to the CPS's policy objectives, informants offered some suggestions to mitigate this tendency. A good number of CPS and provider informants believed that multi-year contracting would offer the opportunity for providers "to bring their work into line with the goals and activities of the CPS;" and provide a mechanism with which the contractual parties could give "a higher level of commitment to one another ... develop a mutual understanding of one another ... and create more momentum together." Others advocated a "shift away from a relationship based on

contract to one of strategic partnership. This is a relationship based on trust; one which has goodwill on both sides; one where we get close to each other to get a mutual understanding about what we are trying to achieve; and, one where there is a shared goal, vision and inspiration.”

Still others proposed that the contract specifications in CPS’s purchase agreement be re-written in a manner which clarified the link between contracted service inputs and processes and “beneficial outcomes for offenders.”

In addition, CPS informants suggested improving marketing, communication, training and liaison strategies to enhance the flow of information from the purchaser to the provider about effective correctional programming, and the former’s expectations within the context of the contractual relationship.

We must ensure their training in terms of our procedures and our expectations. We need to deliver ... information about the Community Probation Service, what we are really trying to achieve, the types of processes we need to see in place, the type of reporting and infrastructures we need ...

Finally, CPS informants maintained that the CPS must become more active in forging links with organizations from other sectors in a way that contributes to government identified goals. They stated that “the contracting culture ... has adversely effected ... interfacing between sectors” and that “contract driven ... public agencies ... have become isolated in our work. Where providers receive funds from multiple purchasing agencies, each with different goals, then there is huge potential to be gained by improving the way we work with other sectors. We need to understand our various roles; who our mutual clients are; and, how we might work in a coherent way to achieve the same outcome.”

Chapter 10: Defining Quality in the Eyes of the Beholders

All informant groups identified properties associated with a quality correctional service. These properties included appropriateness; responsiveness to clients; credibility; competence; security; reliability; communication; and presentation.

10.1 Appropriateness

If appropriateness refers to multiple criteria with which to assess the value or worth of a programme's contribution to overall goals, then informants' responses would refer to programmatic factors which had value for them in terms of goal attainment.

27% of the CPS informants interviewed and 20% of providers in the sample stated that an important aspect of appropriateness was that "the organization provided the type of intervention that is associated with best practice." They related 'best practice' to the principles of effective correctional treatment in the literature, believing that services contracted for offenders needed to be "conceptually sound." When asked to describe the factors that were of value to them in measuring 'best practice,' they presented certain models of practice; certain methods of delivery; the integrity of that delivery; the intensity and duration of services; cultural acceptability; and location.

Models of Practice

Table 27 shows that while the Area Managers believed that practice models underpinned by a "cognitive behavioural" approach illustrated 'best practice' amongst contracted providers, 'Contract Managers' noted that *systemic models* were most likely to achieve desired results. The systemic approach was described as either "holistic" or "family orientated," and equally applicable "to both Maori and Pakeha." Informants believed that the primary benefit of a systemic approach delivered by "reputable" providers, was that it compelled offenders "to adopt the group's values ... in order to gain a sense of belonging ... and identification." They also noted that programmes that included the expectancy theory of motivation (that is, performance and outcomes expectancy, where "offenders perceive that changes in their behaviour are achievable"); and relapse prevention approaches, "which assisted clients' transfer from core treatment to independent living," facilitated goal achievement.

Table 27: Practice Models that Achieve Results – Informants’ Views

Models of Intervention	Models Used by Providers	Models Valued by Area Managers	Models Valued by Contract Managers
Cognitive/Behavioural	25 (47%)	6 (43%)	1 (6%)
Motivational	23 (41%)	1 (7%)	1 (6%)
Educational	14 (25%)	-	-
Social Learning	9 (16%)	-	-
Systemic	9 (16%)	-	8 (50%)
Kaupapa Maori	7 (13%)	-	-
Social Skills	5 (9%)	-	-
Relapse Prevention	5 (9%)	-	2 (13%)
Therapeutic Community	4 (7%)	-	-
Medical Disease Model	3 (5%)	-	-
Reality Therapy	3 (5%)	-	-
Moral Development	3 (5%)	-	-
Client-centered / Non-directive counselling	3 (5%)	-	-
Other	8 (14%)	-	-
Model(s) Unspecified	3 (5%)	-	-

Source: Survey data, 1998
(Models noted in the ‘other’ category include neuro-linguistic programming, psychoanalytic, transactional analysis, positive peer culture, budgeting and harm reduction).

Regarding the appropriateness of the application of particular models of practice within a correctional setting, ‘Contract Managers’ views were somewhat divided. While some members of this informant group valued the models of practice utilized by some contracted providers, 6 (38%) reported some “tension arising from the conflicting values and methods of practice adopted by provider agencies.” For example, they reported that some providers failed to “understand the importance of effective practice within the context of Community Probation’s business;” that some providers “believe that the client knows best ...and engage them in services of their choice ...which are often not a good match for addressing their offending behaviour;” and, that with agencies delivering Maori value-based programmes “we talk passed each other. They take a holistic approach, when we take a particular approach. We have concerns that they address everything generally, but nothing specifically.”

When asked to describe the models of intervention that underpinned their services, Table 27 shows that a *cognitive/behavioural* approach was most frequently reported by providers. These techniques included problem solving, cognitive skills training and stress reduction techniques. Such techniques were reportedly used to target and address identified anti-social behaviours and beliefs.

Twenty-three providers employed a variety of *motivational techniques* – the most frequently described being goal setting and achievement and cost/benefit exercises in which “we teach them about the consequences, implications and complications of continued anti-social behaviour.”

It’s important to have a clear treatment plan that replaces negative goals in their lives with positive ones. When these goals are attainable, it raises their self-esteem and enables them to cope better in the community.

They stated that an important aspect of achieving successful outcomes for offenders was to identify the offender’s place on the motivational continuum (from pre-contemplation to action), and then select an appropriate treatment to match that place.

We test each client’s level of motivation using cognitive strategies in the form of narrative and questioning. The secret of getting to their motivational level, is to compare their self-perception with their actual behaviours that serve to maintain any divergence from that perception. We have to identify their level of motivation before we can know in what way to work on the behaviours and attitudes.

Educational approaches, particularly those directed at increasing offenders’ awareness of the adverse effects of anti-social behaviour; and, *social learning approaches*, especially the use of role play and role training, were also frequently employed by providers in the sample.

16% of providers also reported utilizing a range of systemic models of intervention. For example, some used models of intervention from family systems theory, especially narrative therapy. Others described this systemic approach as a *holistic* model of practice, although such an approach was shaped in a variety of ways by different provider services. Maori and Pacific Island providers illustrate this variety.

We have a *holistic* view of administering to people. It's ... the physical, the mental, and it is also the spiritual aspects. For example, if you look at offenders that have a problem - some would say they have a psychological problem, but we might identify it as a Mate Maori problem. You might have a Maori offender who is growing dope and they open up a urupa - a cemetery. The repercussions of that can sometimes be sickness or mental illness or some anti-social behaviour. We address that through karakia and we go to the toanga ... sometimes we use biblical principles.

The main model we use is what we call powhiri poutama. There are 7 steps to the framework, and these steps go like steps to heaven. We start with the powhiri, mehimehi and karakia; then whakapuaki which is the taki that they present with; whakaataata ... letting the tears flow; whakaoho ... giving them the opportunity to make decisions; whakaoti, which is the finishing and the resolution.

Mostly we Pacific Islanders will use a model that helps peoples' self awareness as Pacific Islanders within New Zealand. I always start with a devotion. This is very important to Pacific Islanders because we believe that when a person has some problems it means that he is not a *whole* person. The spiritual side is not there, so we start with a prayer and a spiritual indication that they will be received warmly, not only in the spiritual side but also in the physical side. After that we have very formal introductions ... like a welcome, when people identify where they come from in the Islands ... which village they come from ... and they see they are related to others. When they connect, they come together as a group. Then we introduce them to the programme ... the ground rules. The next move is into the personal stories about the violence. As we listen to the stories, we analyze them and talk about them. Then we see some videos about anger, and some are about the Islands so they can think back and reflect about where they come from. We continue the discussion and sing songs. Part of the healing process is to sing songs about love, bereavement ... and we talk about the images and metaphors ... we take them back to things that they have forgotten about.

A particular systemic approach described as *Kaupapa Maori* was the predominant model of practice used by 7 providers. This model involved working "with the whole family, rather than just the individual; programmes are based on whanaungatanga," or "...underpinned by the Maatua Whangai philosophy; and the programme is led by Kaumatua."

Five providers respectively employed *social skills training*; and *relapse prevention models* which involved the identification of high-risk situations, followed by the development and utilization of strategies to address such situations.

Other less frequently described models of practice included the *therapeutic community* offered within a fully residential context; the *medical disease model*, which informants believed blended well with an "holistic framework comprising the four dimensions of mind, body, spirit and heart;" a focus on *moral development*, mostly described by providers whose programmes were underpinned by Christian philosophies; *non-directive or client-centered therapy*, which assumes that every client has the ability to change, and that that person is in the

best position to decide in which direction such change should take place; *reality therapy*, which provided a context in which the offender learned to face reality and take responsibility for their behaviour; *psychoanalytic* approaches, including derivatives from this school of intervention, including gestalt therapy and psychodrama; and a number of infrequently-used models of intervention, such as neuro-linguistic programming, transactional analysis, positive peer culture, harm reduction and budgeting.

Multi-modal Treatment - Upon analysis the results showed that 31 (55.4%) provider services are multi-modal. For example, one provider applied “the restraint model” and the “family therapy model” to engage and to “structure the way we relate to the men and interact with them ... the Prochaska and DiClemente (1986) stages of change to understand resistant clients, relapse and action goal setting” and “positive behaviourism in the social skills teaching, such as assertiveness skills, conflict resolution skills, expressing feelings, understanding emotions and dealing with anger.”

Practice Strategies

Table 28 shows the practice strategies that informants believed were appropriate for a correctional treatment environment. ‘Contract Managers’ commented that practices that adopted a structured, hierarchical approach suited the offender population. In many cases they reported this approach induced offenders “to stay, graduate and then become members of staff.”

The adoption of *reinforcement contingencies* where providers used, for example, praise or presented certificates of achievement to positively reinforce offender achievements such as programme attendance or graduation, was also noted as a worthwhile practice. *Repetitive* delivery of knowledge and skills to ensure that they have become “engrained in the offenders’ lives;” and providing offenders with the opportunity to recognize “... situations of risk ... and apply new skills ... to manage them better ... “were also believed to be beneficial strategies.

Table 28: Appropriate Practice Strategies - Informants’ Views

Practice Strategies	CPS Informants	Providers
Structured	3 (19%)	-
Reinforcement Contingencies	4 (25%)	4 (5%)
Repetitive Learning	2 (13%)	8 (14%)
Integrity	1 (6%)	1 (2%)
Maintenance Groups	1 (6%)	3 (5%)
Offence Mapping	-	15 (27%)
Family Structure	-	10 (18%)
Group	-	9 (16%)
Boundaries and Rules	-	6 (11%)
Victim Empathy	1 (6%)	3 (5%)

Source: Survey data, 1998

Note: some providers noted more than one practice strategy in their responses.

‘Other’ less frequently noted strategies that CPS informants identified as appropriate for working with offenders were that clients believed the programme had *integrity* – “is above board ... and challenges and extends the client;” that providers taught the participants *victim empathy*; and that *follow-up programmes* were delivered to reinforce skills learned in the core programme and to provide agency support for clients involved in the change process.

From their perspective, providers related a range of practice strategies that they believed added value to the delivery of correctional treatment. More generally, they stated that their services should be delivered in a manner that modeled inter-gender respect; was culturally sensitive; and involved significant others, in order to promote “victim safety.” Not only did providers offer these more general comments about appropriate ways of working with offenders, but they also commented on a range of other specific and worthwhile strategies.

Nine providers believed that a *group* setting was a powerful mechanism for facilitating the change process amongst the offender population. A number of factors were observed within a group setting that providers argued enhanced behavioural and attitudinal change. First, the group serves a support function, which mitigates the isolation often associated with change, for example, “... they realize that they are not the only person who behaves in this way, and because of this they are able to deal with the shame that often prevents people seeking treatment.”

Second, providers favoured delivering services in the context of a group in order to “use participants as a force with which to bring about change ...and to challenge our clients to learn from each other.” Those providers who elected to “run open ...rather than closed groups,” drew attention to the fact that “referrals can be received at any time;” and that this format provides a forum for participants further along in the change process to both teach the “insights” they have learnt to others, as well as modeling newly acquired pro-social skills and “that change is possible ... “to fellow group participants.

Third, informants maintained that the group setting was an excellent medium for drawing on “the experiences of participating clients” and that peer challenge is a forceful means with which “to question the destructive belief systems” held by the less motivated members of a group and thereby bring about change.

Ten (17.9%) informants recognized that the absence of effective communication and positive role modeling within the *family structure*, was a contributing factor to criminal behaviour. Such recognition led providers to take one of two forms of action. First, rather than working with the offenders alone, they involved the whole family in the process of change. Second, where the family was absent, or refused the opportunity to be involved in treatment, they created a ‘defacto’ family - either through the creation of a support network such as “... a church group ... which provided a continuum of support during and after they have finished the programme;” or through creating a whanau environment within the treatment setting, “so that offenders can experience the close relationships that they have not previously had, but so much desire.”

About a quarter of the providers interviewed believed that *offence mapping* was a productive practice strategy. This involved isolating the “events, thoughts and emotional states that triggered offending behaviour” and then working with offenders to change, for example, the “avoidance, minimizing and blaming ...in order that they can move on.”

Others used *reinforcement contingencies* to reward and “affirm” goal achievement. While affirmation of demonstrated pro-social behaviours was seen by providers as a successful strategy in the change process, other informants commented that their service also needed to *set firm boundaries* and *clear programme rules* with the offenders with whom they worked.

Adherence to programme rules and requirements for attendance are examples of boundaries employed by providers.

Our service imposes firm boundaries on offenders because most have a low level of socialization and disturbed value systems.

Eight (14.3%) providers stated that *practice* was an essential means with which offenders learnt new skills. They believed that “rehearsing alternative pro-social behaviours ...” through role playing enabled offenders to “gain a sense of mastery or self-efficacy and this seems to engender success.”

Three (5.4%) informants commented that exploring the concept of *victim empathy* with offenders was a “powerful” change strategy. This exploration invited offenders to consider the “... consequences of their offending for others ... and respond empathetically ... by building a bridge between experiences in their own lives where they were in the same place, so that they will understand that the experience is the same.”

Three (5.4%) providers thought that the use of a *post-programme maintenance group* was an important element of successful correctional programming. Two goals were associated with such groups. These were identified as offering on-going support, as well as providing a forum for reinforcing newly acquired pro-social behaviours and attitudes.

Last, one provider remarked that services should be delivered with *integrity*: “We do what we say we’re going to do.”

Intensity and Duration of Intervention

Seven (13%) providers noted that the intensity with which services were delivered was an important factor in successful correctional interventions. In particular, they believed that the intensity and duration of services provided should be matched with the offender’s level of risk. For example, “...high risk offenders do best in longer programmes.”

Programmes for these offenders involve intensive case management, including adequate engagement, clarity about the service’s expectations of the offender and involvement of multiple service providers and the client’s family. They must be implemented immediately following sentence and last at least three months.

A number of providers expressed concern that factors outside their control precluded their offering services of sufficient intensity to optimize the chances of rehabilitating offenders who accessed their programmes. For example, providers stated that the lowering of benefit rates and the introduction of the Community Work Scheme had resulted in a reduction of the level of treatment delivered to clients. In the context of fully-residential treatment services they commented that they had had to replace some of the treatment modules with work-orientated programmes. This situation had arisen as a result of their clients’ reduced income from benefit – a percentage of which subsidized the cost of service provision. With changes in the benefit rates, this contribution was reduced and residents were required to take more responsibility for the day-to-day maintenance of the residential settings, and in some cases work on fund raising ventures to support the continuation of services.

To further investigate this aspect of correctional programming, secondary data (Funding Proposal documents) were examined in order to calculate the intensity of the services delivered to offenders by Community Programme and Maatau Whangai Programme providers. Upon examination of the Funding Proposal documents, 35 (62.5%) of the 56 providers in the sample included information of this nature. Of the rest, service length and service delivery time were either not specified or varied according to the needs of the presenting clients.

Table 29 shows the average time span over which services were delivered to individual offenders for several categories of service, together with the average number of hours of direct service delivery in each category. The results showed that residential programmes gave the highest intensity of service for offenders. Of the non-residential programmes delivered to offenders referred from the CPS, sex offender treatment services delivered programmes over the longest time span and recorded the highest number of hours of direct service delivery.

Table 29: Intensity of Intervention

Service Type	Time Span (average number of months)	Direct Service Delivery (average number of hours)
Violence	4.2	35.6
Non-residential Alcohol & Drug	2.3	15
Residential	13.9	continuous
Driving	2.3	26.5
Sexual	12	104

Source: Secondary data – 1997/98 financial year

Cultural Acceptability

A few informants from the CPS and provider samples, stated that cultural acceptability was one measure of the appropriateness of services; that is, “whether the agencies have the support of local Iwi or local Maori groups.” 3 (5%) providers related that they invited “Maori assessors,” from Iwi Authorities to examine whether their services were appropriate for Maori.

We have a number of Maori assessors come in. They feed back about whether the environment is conducive to Maori in terms of the Tikanga. For example, they look at whether whanau are included, whether their cultural aspirations are considered, whether there are whanau structures and practice, and whether there is a collective vision. We are quite committed to Maori, and because of that we tend to attract Pacific Island peoples as well.

Some informants recognized that “gaining Iwi support for their agencies” was sometimes difficult to secure because “Iwi have enough on their plate without wanting to be involved more.” Others, from the CPS sample, stated that sometimes this requirement presented a dilemma for them when the providers were held in “some repute, but they lacked the standard of accountability required by Community Probation.”

Location

The location of correctional services in a community-based setting and in certain geographical areas, was another aspect of appropriateness noted by a small number of informants. They advocated “local services for local people” because providers “are aware of their communities’ issues and know the clients.” CPS informants valued community-based organizations that offered a range of services – “a one-stop shop;” and both CPS and provider informants favoured delivering correctional services away from a public sector setting and the associated “legislative authority.”

10.2 Responsiveness to Clients

In order to achieve its goal of reducing re-offending the Department has developed a number of principles⁹⁸ with which to guide its work. Focusing on one of these principles - the principle of responsiveness - the Department has identified a number of aims. These aims include;

⁹⁸ Listed in the Department’s publication *Departmental Forecast Report 1 July - 30 June 1997* are 5 principles, including fairness, integrity, responsiveness, maintaining a safe and secure environment and transforming our environment.

- being responsive to the needs of offenders;
- being responsive to the requirement for a greater understanding of Maori perspectives in order to improve the effectiveness with which the Department works towards reducing re-offending; and,
- to be responsive to the needs, aims and aspirations of the diverse cultural and other groups that constitute society. (Department of Corrections, Departmental Forecast Report, 1 July 1996 - 30 June 1997).

This section focuses on the second property of quality that informants identified – the informants' views about “being responsive to the needs of offenders” and more specifically the means with which providers are required to be responsive to four such *diverse cultural and other groups* within the offender population - namely Maori, Pacific Island peoples, women and youth.

General Responsiveness to Offenders

Seven (50%) Area Managers and 15 (94%) ‘Contract Managers’ believed that the application of the responsivity principle during assessment, screening and programme delivery was essential to a quality correctional service “to have any hope of reducing re-offending.” This included the workers having “clarity concerning which types of offender characteristics matched certain types of treatment programmes” (“clients are matched by age, gender and culture, for example, Samoan providers deliver the programmes to clients in their own language.”); having an “accurate assessment of the offenders’ needs and preferred learning styles; and, contracting “providers who have the capability to make the content of their programmes relevant ...and understandable to the client.”

Yet despite this assertion, both informant groups reported barriers to mobilizing this principle. They mentioned that CPS had yet to develop a “robust method of matching offender needs with interventions most likely to result in successful outcomes;” that CPS staff “had insufficient knowledge about the content and delivery of provider services” and they “failed to assess responsivity issues, including level of motivation;” and that CPS staff “used agencies as a dumping ground for offenders without any reference to their criteria for entry.”

From their perspective 25 (45%) providers identified a number of key offender characteristics and factors associated with their learning that they believed were crucial when assessing the adequacy of the client/programme match. Pertinent offender characteristics identified included;

- the level of *substance abuse*: “If they are still on drugs when they come here they need to go to a detox. centre;” and “if they have A and D problems, we refer them to that sort of programme first;”
- *mental health status*: “There are increasing numbers of offenders with identified mental health problems referred to us and we are not trained to deal with such issues;” and “We look at their mental health status ...and if there are major mental health issues, we refer them back to the mental health team;”
- *level of violence*: “If they are extremely violent they may be better suited to one-to-one therapy;”
- *post traumatic stress* resulting from childhood abuse;
- *head injuries*: “People with head injuries wouldn’t be suitable for a group programme because it would be too disruptive. We handled that by offering an individual programme;”
- *disabilities* such as hearing and sight loss, and those that precluded physical access;
- *preferred learning styles*: “One of our staff does what is called a VAK (visual, auditory, kinesthetic) test.”
- *Level of communication skills and literacy*: “We ask specific questions around their learning ability, reading, writing, comprehension and understanding skills. This is fairly informal based on a self-assessment of their situation.”

Also pertinent to the issue of responsivity, and identified by 15 (27%) providers, was the need to individualize programmes so that there was a match between the preferred styles of learning and personal characteristics of offenders and the methods of delivery and personal characteristics of the intervention staff. For example, one provider maintained that certain clients responded better to less structured programmes, while another mentioned that opiate users were better suited to treatment in a therapeutic community. For other providers the match between staffs’ “personalities” and preferred styles of working and the clients’ “personalities” and preferred styles of learning was given emphasis. Such matching was said to depend on the “staff member’s skill to build rapport” with offenders who might possess a variety of preferred learning styles - some might prefer a more “intellectual” approach while

others might prefer a more “concrete” approach. “We use therapeutic together with skills-based approaches to meet the requirements of different offenders.”

Following the same theme, some providers recognized that varying the way in which their programmes were delivered was an important aspect of successful correctional programming. They described some clients as auditory learners, some were visual learners, and some preferred a kinesthetic approach. Others noted that the language used by staff needed to be “comprehensible” and that to which “clients could relate.” Most stated that a range of alternative delivery styles should be used to deliver any one aspect of a programme to “enable clients to hear the message via one of these alternatives, be able to participate and be inspired.”

More specifically some informants believed that offenders preferred to learn by using “concrete examples from their reality, rather than a more intellectual approach using professional jargon. This enables the clients to learn from their own reality, rather than it being imposed.”

Responsiveness to the Service Delivery Needs of Maori, Pacific Island Peoples, Women and Youth

Table 30 shows the number and percentage of provider services in the sample, who identified providing programmes for these four groups, together with the average percentage of their client base that comprised such groups.

Table 30: Average Numbers of Clients Receiving Services From Providers Responding to the Special Needs of Maori, Pacific Island Peoples, Women and Youth

Societal Groups	Providers Serving Groups (number)	Providers Serving Groups (%)	Average % of Clients within Each Group Attending these Services
Maori	28	50	49.2
Pacific Island	3	5.4	36
Women	17	30.4	4.9
Youth	7	12.5	1.7

Source: Survey data 1998

Responsiveness in Delivering Correctional Programmes to Maori

'Mainstream' Views about Responsiveness to Maori - Providers funded from the Community Programme Fund were asked to identify the ways in which they met the special needs of Maori. The strategies they incorporated into their services included adopting appropriate philosophies and personnel policies; appropriate presentation of their facilities or their environment; adapting the content and style of delivery of their programmes; and, establishing links with whanau, local Maori groups and local Iwi.

Personnel - Of the 40 'mainstream' agencies in the sample 32 (80%) either employed Maori in direct service delivery roles, as consultants, or as members of policy-making or management committees. 7 (17.5%) other agencies reported that their staff had attended either Tikanga or Treaty awareness workshops - for some this was a requirement of their services' staff accreditation process.

Philosophy - 7 (17.5%) providers stated that their commitment to Maori was reflected in the philosophy that underpinned their respective services. Some couched this commitment in terms of "respect" and "responsiveness", others spoke of "embracing Maori culture" within their services, and a few stated that their services maintained a philosophy of parallel development, in which "Maori offenders are referred to ... Maori programmes run by Maori for Maori."

Programme Content and Delivery - Incorporating Tikanga and Te Reo into programmes was a strategy used by 19 (47.5%) providers. Of the language, some programmes included specific Te Reo classes, others incorporated the use of "the language as part of every day life," and still others welcomed "clients expressing themselves in Maori."

Within some programmes delivered to offenders, providers incorporated "culture groups", "kapahaka groups", "bone carving courses," and "an exploration of their whakapapa." Other providers talked of "being mindful of the unaddressed Treaty issues, such as colonisation" during programme delivery, and of embracing Maori concepts into their programmes - concepts such as "whakama," and "mana."

The Maori Tanga component contributes to its success: ... the physical and the psychological aspects ... are put in a Maori context ... wairua which is the spirit, the tinana which is the body, the hinengaro which is the mind or the conscience, and of course the aroha which is the heart center. When we deal with these concepts, and also go into the dynamics of whanaungatanga, for Maori offenders its like turning on a light for them. Also important is that the facilitators are Maori. It gives them a sense of being and of reality.

Kaupapa Maori is included in the programme ... we use Maori family structures ... and traditional Maori spirituality - the holistic concepts of body, mind and heart or emotions. These things are enshrined in the programme, and we ensure that at least one Maori facilitator is working with any group which is attended by Maori men.

Of the delivery style best suited to Maori offenders, providers favoured the group process because this was perceived as a preferable medium for “experiential learning;” it was a medium where “the pace of the group could be set by the eldest Maori man;” and, it “facilitated others’ validation and honouring of Maori experiences.” In addition, some providers observed that Maori clients learnt best when the content of the programme was delivered by way of stories, while others thought that visual learning had a positive impact: “Maori are very visual, and the use of posters means they get the message whenever they walk into the room ... they relate to these because they see the pictures as pictures of them.”

Presentation – Providers believed that the environment in which services are delivered needed to be such that people “feel comfortable and culturally safe.” 16 (40%) providers believed that the “ambiance of the treatment environment should reflect Maori culture.” Some delivered their programmes in a where “where the environment is comfortable,” and others facilitated their programmes in buildings “that operate like a Marae, where people take off their shoes and we always start with a karakia.”

Relationship with Local Maori Groups and Iwi - 15 (37.5%) providers noted the importance of their relationship with either local Maori groups, or Iwi, in providing services that met the special needs of Maori. These relationships were variously described in terms of “partnering;” “consultancy;” and, “advisory.” Other relationships involved an understanding between ‘mainstream’ and Maori providers, where the former referred Maori clients to the later.

Whanau - 6 (15%) providers recognized the significance of “embracing the whanau into the programmes” delivered to Maori offenders. One provider described this in terms of a “Maatua Whangai focus, rather than an individual focus” - a focus that was particularly prevalent amongst those providers delivering residential programmes.

While many providers commented on their efforts to meet the specific needs of Maori, 4 (10%) stated that their agencies took no action in this respect; and 2 (5%) noted that Maori clients referred to their programmes showed some resistance to any invitation to participate in a service delivered from a Maori value base.

Maatua Whangai Programme Providers Describe the Nature of their Services - The results showed three distinctive and predominant themes amongst this group of 16 providers - themes which hinged upon the *affirmation* of the *identity* of Maori. They argued that such affirmation could only be achieved by Maori delivering programmes to Maori.

We have to focus on Maori because we have lost our affirmation as Maori. We've lost our Tino Rangatiratanga, so our modules have to be delivered intensively from a Maori perspective. We have to affirm our Maori values and beliefs in our programme, and we work along side a Maori hauora clinic. Way back in time Maori had a system for everything, even for healing, and this is what we are implementing today.

Within the context of service delivery, providers stated that they affirmed Maori values and beliefs in three principal ways. First, an emphasis on *whanaungatanga* enveloped all of their services' activities. This emphasis on relationship and inclusiveness was particularly evidenced in their services' focus on working with whanau; using the group (especially whanau groups) as a vehicle for delivering services; the inclusion and exploration of whakapapa, as part of the intervention process; and, providing an environment that was adorned with murals, carvings, and pictures that illustrated connections with tupuna and traditional stories.

It's important to help them establish their identity. We do that through whakapapa - how they are weaved into a relationship with others - and through the recognition of their values and beliefs. The Maori value and cultural system is spiritual and is a healing place for Maori.

Second, Maatua Whangai providers describe a *holistic and healing* approach to their work with offenders, rather than a compartmentalized approach which is treatment orientated: "When we talk about holistically ... we are working with people from within the four dimensions and everything that we do comes from that angle. Even though we use the addiction knowledge, we bring that out through the four dimensions."

Some providers were particularly critical about CPS's offender-focused purchasing strategy, observing that this was not responsive to the needs of Maori.

What is missing are the whanau support services. For example, we had a guy who went away to a residential programme to deal with issues of domestic violence. He left a wife and 4 kids behind and we worked with them to help them prepare for his return. Justice say this is not their issue, but it is for the client. If we only worked with him we would be setting him and the family up to fail. We are accountable to Justice but we are also accountable to the people that we work with. If we are not effective in meeting their needs and supporting them in an effective way then we are not doing our job.

Third, the intervention with Maori is delivered by way of *stories*. One provider offered an example of the way story telling is interwoven into the delivery of a violence prevention programme:

Because I'm an older Maori woman I can talk about our stories. I tell them about the specialness of women, the area of reproduction and why that is sacred ... Often they have not been exposed to any cultural stories, particularly where they have been abandoned, or passed around, and many of them have. They have had quite disrupted lives, and where they are now is just part of where they have come from. We tell them about the creation and what that means for men ... then ask who gives them the right to kick women in the reproductive area, when they are the ones that bring forward the new generations. Many of them have never known that. They have not had access to their Kaumatua, or the elders, who could teach them that. They don't live in communal areas any more where those things can be shared.

We also talk about the children and how they are toanga. We tell them that it is the men that carry the seed to create the life, and the women is the receptacle for that to bring the child forth. This reflects that both of them are equal in the culture. Both must be equal partners and that's when we talk about equality. We talk about total respect for their partners, and that means no violence. They have to learn to take responsibility to protect and provide for their family and their children. They have a special role in the lives of their children to teach them about the role of the male. We invite them to think about the role they are showing to their children and what they are teaching them. For many of them they have never thought about it this way.

Responsiveness in Delivering Correctional Programmes to Pacific Island Peoples

40 (71.4%) of the 56 providers in the sample, stated that Pacific Island peoples attended their services, and of these the average percentage of the total client population was 8.3%. Setting aside the two services in this sample, which were specifically designed to deliver services to Pacific Island peoples, 13 (34.2%) commented that they adopted strategies with which to meet the needs of this ethnic grouping. These strategies concerned personnel policies; the content and delivery of the service; and, linkages to local Pacific Island groups.

Personnel Policies - Providers emphasized the importance of employing Pacific Island workers, where Pacific Island peoples received services from their agencies.

Linkages - Since the numbers of Pacific Island clients attending services were often described as small, providers argued that forming linkages with Pacific Island groups in their local community, was often a more pragmatic approach than their employment of Pacific Island staff. These linkages enabled such agencies to access advice, and in some cases to contract staff from Pacific Island groups, on a short-term basis, for the delivery of aspects of their programmes.

Programme Content and Delivery - Difficulties with language and an understanding of the cultural mores of life in New Zealand, were the principal barriers noted by providers concerning their delivery of services to Pacific Island peoples. These providers cited their employment of interpreters to overcome the language barriers, as well as their own use of “plain English” and “slowing the pace of the group so that they (Pacific Island clients) can feel involved.”

In a similar vein, providers noted that the content of some interventions was also problematic for Pacific Island peoples - in particular, their beliefs concerning sexual abuse and violence.

... sometimes their cultural beliefs stop them participating ... when we discuss the topic of sexual abuse, it's uncomfortable for them.

There is a lot of talk in the sessions about different cultural beliefs and the context from which they come. For Pacific Island men there are strong cultural beliefs around discipline and being the head of the family. Our programme comes from a different model from that because we talk of the equality of men and women. So we include a lot of discussion around those differences.

Pacific Island Programme Providers Describe the Nature of their Services - The Pacific Island programme providers described the appropriateness of their services in terms of the customary manner in which they were delivered, and the way in which they incorporated the cultural ways of this ethnic grouping. Pacific Island providers particularly emphasized a systemic approach to intervention, with the family being the focal point.

The Family – Pacific Island providers noted the value of a family-focused intervention. Although referrals focused on the individual, their services were delivered to the whole family. They described the family as the reference point for all interventions with the individual.

We link the effects of alcohol abuse with the financial problems at home, and ask the client to tell us about their family's perception of their drinking. We use the relationship between the offender and their family to widen their perception of the effects of this abuse. This change in perception moves them from looking at only the physical side effects that they experience, to an appreciation of the impact of this abuse on those around them.

Programme Content and Delivery - Delivering services in their own language, using appropriate body language, and presenting the content of the service in culturally and spiritually appropriate terms, were intervention strategies described by Pacific Island providers.

Using Palangi counselling models is about the opposite of the way that is best for Pacific Island peoples ... like the eye contact. A Pacific Islander would not be happy with that approach. It tells them that they are being challenged when you have eye contact with them all the time. Also the way you sit ... facing the person. This approach is not suitable for our people. We sit down in the normal way ... we relax and talk about things to get the person relaxed to begin with.

Responsiveness in Delivering Correctional Programmes to Women

According to providers the special needs of women clients emanate from their “relegation to a societal sub-culture which is under-valued,” and their status “as victims of abuse or violence.” In order to work effectively with these special issues, providers maintained that services for women needed to emphasize safety, advocacy, and the provision of support; and that furthermore services should be gender specific and delivered by women.

Personnel - All but one of the providers who delivered services for women advocated that female staff should be employed to work with women clients. This emphasis on women delivering women’s programmes was perceived as one way in which the clients’ safety was enhanced.

Programme Content and Delivery - Most providers preferred women-only interventions. One provider illustrated the difficulties encountered with mixed gender groups.

A significant proportion of our male client base have anti-social traits and they approach women in a derogatory way. A lot of women we see are fairly damaged, and do not have a great sense of self. If you put these two groups together generally people will fall backwards, rather than making healthy changes.

Of the content and delivery of services to women, providers thought that women should be linked to advocacy groups such as the Refuge, that “group bonding” or other support systems should be encouraged, and that some aspects of the intervention should encompass family and parenting concerns.

A couple of providers recorded instances where services to women had to be delivered in the home - instances where women were either practically or psychologically unable to receive treatment unless it was delivered in this environment.

We encourage home visitation for female clients. We are talking about people who come from a background of multiple crises ... have low self-esteem, low morale, no money, and no transport ... these women have been controlled to such an extent in their lives that they don't have the self-esteem to front up to any organization for assistance.

Responsiveness in Delivering Correctional Programmes to Youth

20 (35.7%) agencies in the sample reported providing services to youth and most of these services were funded by other than the CPS. Providers commented that their work with this younger age group, had in recent years, moved from a preventative focus to that of crisis intervention. The principal problems associated with youth noted by providers were that they were both victims and perpetrators of abuse and violence; they experienced relationship difficulties, particularly within the family; substance abuse; and, identity issues, particularly amongst Maori and Pacific Island youth.

Informants reported a number of specific strategies adopted by their services to meet the special needs of youth. These strategies concerned the services' personnel; the content, form and delivery of their services; and, linkages with other specialist agencies.

Personnel - Several informants stated that successful interventions for young people required their employment of workers with specialized training in youth work. Moreover, they observed that success was more likely, if there was a high staff to client ratio.

Form, Content and Delivery of Youth Interventions - Of the form taken by successful interventions for young people, providers advocated separating youth from adults, especially adult offenders "as they might use them as role models;" and where group processes were involved they advised the involvement of family and whanau.

With respect to the content of youth programmes, providers stated that they had most success focusing on "what is up front and relevant for them." There was little agreement amongst informants concerning preferred models of intervention. While some preferred more emphasis on recreational activities, others used motivational techniques, and still others took an educational approach.

A range of programme delivery strategies were utilized by providers. These strategies included the use of appropriate language; an informal approach, using play and active learning techniques of a kinesthetic nature; making interventions short, in order to accommodate a low concentration span; delivering only a few messages, and associating such messages with

symbols of relevance to young people; and, providing both night-time and day-time interventions to accommodate those with school placements.

Linkages – 2 providers found it advantageous to link with other specialized youth agencies, in particular Child, Youth and Family.

10.3 Credibility

Informants identified credibility as a third property associated with a quality correctional service. For CPS informants this property encompassed perceptions of trustworthiness, honesty and a belief that contracted providers worked for the purchaser’s benefit.

Area Managers, in particular, believed that the mix of contracting procedures and restricted budgets has introduced a shift from “purchasing a range of services ...on a hope and a pray that something would happen,” to purchasing a limited number of services that they hoped were more “credible” and “provided the best service.”

CPS informants offered a range of quality indicators that they associated with the notion of credibility and these are listed in Table 31.

Table 31: Quality Indicators for Credibility – CPS Informants’ Views

Quality Indicator	Area Manager Identification	‘Contract Manager’ Identification
Supportive Infrastructure	4 (29%)	3 (19%)
Reputation	10 (71%)	7 (44%)
Continuous Improvement	1 (7%)	3 (19%)
Accreditation	1 (7%)	1 (6%)
Not identified	5 (36%)	2 (13%)

Source: Survey data, 1998
Note - some informants offered more than one indicator of credibility.

Area Managers ranked a strong administrative system to support programme delivery, along with agency reputation, as the two most important indicators with which to assess the credibility of a contracted service provider. They thought that orderly and thorough administrative records that attested for an agency’s activities were indicative of provider credibility. Such records included, financial records; client demographics; attendance registers; case notes relating to client assessment processes, treatment plans, level of treatment

participation, goal achievement and termination assessments; and, client satisfaction information.

An assessment of reputation was derived from Area Managers' own experience of the organization, together with feedback from other sources such as clients, community, and other funding organizations. Where informants' personal experiences had been negative, they were particularly cautious about entering further contractual arrangements. Examples of such experiences included instances where providers had demonstrated "poor administrative practices;" where the "members of Boards of Trustees lacked the necessary expertise in relevant areas to effectively guide their organizations' operations;" and where their Service had "failed to recover advanced payments when providers absconded with the funds without delivering the contracted services."

Other indicators of credibility, identified by Area Managers, included, achieving accreditation with other funding agencies, such as the Health Funding Authority; and, evidence "that the programme was developing ... some commitment to continuous improvement." Of achieving accreditation with other funding agencies, many informants believed that this had, in some cases, been beneficial for their Service. For example, they mentioned that funding bodies with a high level of financial resource with which to purchase services (for example, the Family Court) were requiring providers to meet standards of quality in relation structural and internal control matters that were higher than those required by their Service.

'Contract Managers' identified reputation, continuous improvement, and a supportive organizational infrastructure, as the most important indicators with which to assess the credibility of a provider service. This informant group described reputation as "more than just superficially targeting offender needs. The agency has to have a track record for working well with offenders." They thought that staff training and development plans reflected an agency's belief in continuous improvement; and, the presence of a "programme manual with which to check the integrity" of the contracted programme's "content and delivery," together with evidence of professional supervision and client case notes showed a supportive agency infrastructure. The other indicator of credibility identified was accreditation by other funding organizations.

57% of the providers in the sample stated that in various ways the contracting environment had served to enhance procedures and processes within their organizations, although most commented that such “structural enhancements ...to meet the purchasers’ expectations ...have built on and strengthened what we do.” While a small number of providers were of the opinion that their “reputation within the community” was all that was required to ensure their agency’s credibility, others thought that their credibility with stakeholders required them to demonstrate accountability through formalizing procedures, protocols and structures.

13 (23%) providers reported that the pre-contract measures of accountability encompassed in the CPS’s Funding Proposal Document had no additional impact on their agencies’ operations. Where this was the situation, providers noted that they either already had measures of accountability in place for other funding agencies; or, they employed external auditors to review their services’ policies and procedures at least annually; or, the CPS supported, but did not interfere with the providers’ development and implementation of organizational and programming standards.

Providers were questioned about the sorts of accountabilities they had put in place in order to secure contracts and maintain credibility; but more importantly, the research explored which elements of accountability were prioritized by them and, whether their priorities were aligned with those valued by the purchaser. Hypothetically if the accountabilities of the contractual parties were aligned, then this might well place them in a somewhat more favourable position for securing contracts than would otherwise be the case.

Table 32 shows the different elements of accountability operating within the provider organizations of the informant sample. Information systems, service standards, arrangements for staff supervision and training, and cost control systems predominated.

Information Systems - Information systems were a predominant type of accountability mechanism recorded by informants. In sum cases, providers reported employing specialized administrators who “developed procedures to ensure the transparency of their accountabilities to each different funding agency.” In the main these information systems were designed to gather the statistical data required by the purchasers of services. Information gathered by providers for the purpose of meeting such reporting requirements principally included nominal measures, for example, numbers of referral, client attendance and programme completion

Table 32: Measures of Accountability Operating in Provider Agencies

Accountability Measures	Measures Adopted by Providers (number)	Measures Adopted by Providers (percentage)
Service Standards	48	86
Supervision	47	84
Information Systems	46	82
Training Plans	42	75
Cost Control Systems	39	70
Client Rights	36	64
Human Resource Systems	34	61
Cultural Accountabilities	32	57
Programme Manual	25	45
Managerial Capabilities	24	43
Performance Planning	14	25
Public Access	8	14
Interagency Support	7	13

Source: Survey data, 1998

numbers. Only one informant noted recording information with which to assess goal achievement.

Service Standards – Some 86% of providers interviewed noted that their service complied with service standards. These standards were, in the main, set by a variety of professional bodies and purchasing authorities, although in a few instances standards were defined by the providers themselves. Many of these service standards were described as comprehensive including administrative, procedural and programming elements. Others were defined as codes of ethics.

15 (26.8%) providers in the sample stated that they were members of one or other professional bodies - many of which required their member agencies to undergo quality assurance processes on an annual basis. Examples given included ATSA, New Zealand Association of Counsellors, ANZASW, the World and Australasian Federations of Therapeutic Communities, and the National Network of Stopping Violence Services.

We are part of the National Network of Stopping Violence Services and we have a quality assurance audit annually. This involves two or three of their people coming in here and asking some of the questions that you are asking. They talk to the men about the efficacy of the programme, the usefulness of what we are doing for them, and how they find the delivery. They observe the groups being run and look at the policies, procedures and

protocols. It takes about three days. It's interesting for me to compare this process with health. There they didn't have the same amount of accountabilities as we do working as a community group.

We are a member of the National Network of Stopping Violence Services and so we operate within the minimum standards of that network. They run a quality assurance audit to assess us against those standards. We have a standards manual and the audit involved a multi-perspective, two-way process which involved interviews with staff, clients, and referring agencies like Courts, Corrections, CYF and Police. It's like 360 degrees ... we are in the middle and they interview all the stakeholders about how we are meeting these standards.

Meeting quality assurance standards was reportedly also a requirement of many funding agencies. 37 (66.1%) providers questioned maintained that the quality of their programmes was tested through the accreditation requirements of funding agencies. All but 3 (5.4%) providers sought accreditation from agencies other than the CPS. These other funding agencies included the Family Court (Domestic Violence Act approvals), the Community Funding Agency, the Health Funding Authority, ACC and Lotteries. In some cases the process of accrediting providers was undertaken by funding agency staff, for example, the Community Funding Authority; while in other cases this accreditation process was contracted out by the purchaser of services (for example, the Health Funding Authority) to various accredited approval agencies, such as Healthmark.

The HFA process was a two-day qualitative audit carried out by a team that came in and spent time with the residents and the staff. There were face-to-face interviews, and a client satisfaction survey. Also there were a lot of questions that they asked about the treatment. Then they made recommendations accordingly, and we had to come up with a plan to meet those recommendations.

Providers noted a number of positive outcomes from these quality assurance processes including "more client-focused services;" and, more transparency about the manner in which services were delivered to clients.

The accountability has got to be in place. Unfortunately, there are too many organizations that fiddle their books and things like that. We don't want to be seen to be an organization like that.

While providers recognized the positive aspects of these quality assurance processes, difficulties were reported. These difficulties included the amount of work involved in preparing for an accreditation process; the varying emphases required by the different

accreditation bodies; and, the application of common standards to both 'mainstream' and cultural programmes.

We're subjected to accreditation through the Family Court and the CFA. It's a lot of work, and the criteria for each is different. The Family Court undertakes a more in depth analysis of the programme presentation, while the CFA focus on the administrative accountabilities.

It's very difficult to be accredited in this day and age because most of it is designed by psychologists and psychiatrists. We have recently set up a Maori alcohol and drug association of providers in the area, which is funded by the HFA as a pilot. They want to try it out for a year, and then if it works out, they will extend it throughout New Zealand. Part of its function is to provide support for these groups, but also we are going to develop practice models because the assumptions upon which the present standards are based don't fit anything like the way we operate.

We were one of the test cases with the DVA panel's analysis of the Maori part of our programme. We are answerable to 13 Iwi in our area and we asked the panel if we could tell them about what we are doing ... we wanted to do things in a culturally- sensitive way, knowing that they do things verbally. The panel said that they didn't have time to do it that way. As a result of this there was this huge stand off for about a year. We were the piggy in the middle between local Iwi and the panel. Then the panel came back to us and said how can we push this through for you? We had a meeting of all the local Maori and they heard what we did, wrote a few comments, and the panel accepted that. So for a year we didn't have any clients from the Family Court. The only people that were suffering were the clients and their partners who were denied the chance of things changing so they could be in safer relationships.

Other quality standards noted by providers, included those where 5 (8.9%) provider agencies developed and adhered to their own standards of practice (for example, 1 Maatua Whangai service provider described the development of their own service standards on the basis of "our Mana."

Supervision - 47 (84%) of the providers operationalized various forms of clinical and administrative supervision in order to "attain a very high level of professionalism and skill."

Supervision is a way to ensure that our clinical standards are maintained, and it is a safeguard for the quality of our service.

Individual (36%) and group (32%) supervision were the most common forms reported, followed by peer (20%) supervision. Administrative supervision, undertaken by management, was rare - 7% of the sample reported providing this kind of supervision. 2 (3.6%) services provided cultural supervision, and informants commented that this was delivered by the local

kaumatua. A few providers commented that their staff were unable to access supervision, because the agency could not afford to provide this service.

Training Plans - The provision of initial and ongoing training for staff was regarded as a high priority for 42 (75%) providers questioned.

If we look after the staff, then we can be assured they will look after the clients.

About half of this group provided training within the context of their organizations, and about a quarter set aside a portion of their services' budgets for staff attendance at externally provided training workshops. Although some providers preferred to employ staff who possessed the required qualifications, 11 (19.6%) providers were paying for staff to complete various relevant qualifications. Examples of such courses of study included the Community Work Certificate, the Counselling Certificate and the CIT Certificate in Alcohol and Drugs.

Cost Control Systems - 70% of providers had operationalized some sort of cost control system usually described in terms of an annual audit of the services' accounts.

More recently we have had to develop a high standard of structure and accountabilities that are part and parcel of being a professional organization. Our financial systems have had to change. We now have an accountant on our management committee, who acts as an advisor and who does our audited accounts. We have brought a financial package that manages our income and outgoings. And we have an administrator that has a strong background in accounting as well. So this area has really changed ... is much more formalized and automated, and there is a closer link between our planning, our expenditure and our budget.

Client Rights - As a response to consumerism, 64 % of providers had introduced measures to ensure their accountability to the clients they served. These measures most frequently included a client bill of rights and the presence of procedures with which to settle client complaints or grievances.

Human Resource Systems - 61% of providers had enhanced their human resource procedures. They included the development of job descriptions; staff selection procedures that emphasized the appointment of qualified staff; staff induction and training plans; the provision of professional supervision, including where appropriate, cultural supervision undertaken by kaumatua; and, regular appraisal of staffs' clinical performance.

Cultural Accountabilities - Measures of cultural accountability were mainly operationalized within the providers' policy-making bodies. A number of informants stated that their service either had a representative from the local Iwi amongst Board members, or that their service had received a mandate to operate from local Iwi. Others sought oversight from a local pan-tribal agency. Still others, particularly those associated with professional bodies, stated that demonstrating cultural accountability was a requirement of membership. Agencies delivering services to Pacific Island peoples sought approval and support from their local Pacific Island community.

Programme Manual - 45% of the providers stated that they had a written record of their programme's content and processes. Apart from 5 providers who reported that their agencies had comprehensive programme manuals, (including programme goals, objectives, content, delivery methods and styles, and evaluation forms) all other informants said that a "programme outline" was the only written record of their services' interventions. A few providers stated that the development of comprehensive practice manuals was a "constraint ...on their professional freedom to intervene creatively with clients."

Managerial Capabilities - 43% of providers noted that an important measure of accountability was the way in which their status as either an incorporated society or a charitable trust necessitated managerial or policy-making bodies from which either vertical or horizontal lines of accountability flowed.

Performance Planning - 14 (25%) providers suggested that their performance planning and appraisal systems were measures of the quality of their services. In the main, they reported that these performance appraisal systems focused on clinical competence, that is, auditing the strengths and training requirements of staff facilitating the treatment interventions. They stated that such assessments were undertaken variously by staffs' clinical supervisors; staffs' peers; or, external bodies such as the Women's Refuge.

We have an evaluation of our performance undertaken by women from local women's support groups, at least once during every programme. Then each year my supervisor administers an evaluation, which is returned to the Trust Board. This involves measuring performance against a detailed 6 or 7 page list of competencies, including group presentation skills, my work as the manager of the organization, for example, whether I preparing reports on time.

Public Access - Public scrutiny of provider services was a measure of accountability utilized by 14 % of providers in the sample. This form of oversight most frequently took the form of annual public meetings, at which representatives of provider agencies delivered a report on the services' achievements and presented the audited accounts. Less frequently utilized forms of public scrutiny, included the use of community forums and the employment of independent evaluators to undertake a programme review.

Interagency Support – 7 (12.5%) providers were of the opinion that other agencies' support of their services was a reflection of the quality of their service. This valued support came mainly from local Iwi social services, or Women's Refuges and most providers stated that such support provided them with a mandate for continuing to provide their services.

Derivation of Provider Accountabilities - Only 15% of the providers in the sample stated that their services' accountabilities were developed solely for the purposes of the CPS's pre-contractual assessment. Instead these accountability measures were, in the main, self-developed (developed for the purposes of meeting the requirements of their own service's constitution during the early stages of organizational development) although some were subsequently augmented in response to the demands of accreditation panels, professional bodies or the approval standards of other funding bodies.

Most providers believed that the CPS had not taken a leadership role in terms of setting pre-contractual benchmarks with which to measure the quality of provider services. This stance was thought to be either the result of this purchaser's more "informal" approach to purchase-of-service contracting, or that the level of funding available to the CPS was insignificant compared to that of other funding bodies. In sum, most providers believed that the CPS stands in the shadow of others in terms of the development of standards with which to measure the potential performance capabilities of providers.

The Benefits of Measures of Accountability – Providers' Views – 42 of the 56 providers interviewed were supportive of, and saw considerable merit in, the presence of accountability measures. They stated that such measures "make us screen everything that we do;" and are a means with which "to gain credibility." Table 33 shows the types of benefits experienced by providers resulting from the introduction of accountability measures.

Table 33: Accountability Measures – Provider Identified Benefits

Benefit	Number	Percentage (%)
Integrity enhanced	13	23
Enhanced Client Responsiveness	7	13
Quality Control Introduced	5	9

Source: Survey data, 1998

Integrity of Service Delivery and Operational Activities - Providers perceived that the introduction of measures of accountability had enhanced the integrity with which they delivered programmes to clients, and “formalized” and standardized the operationalization of their services’ policies and procedures. For example, they stated that measures of accountability “moved us from a perception that things were happening to the reality that things are happening;” “bring certainty to the way we work;” and, “make the agency professionally safe and reliable.”

With respect to programme delivery, providers noted that their previous “laid back” approach to programme delivery had been replaced by a more ‘accountable’ approach.

Moreover, they reported there was now a good deal of consistency concerning programme content delivered by facilitators within organizations, and that there was more planning around timetabling service provision.

With respect to agencies’ implementation of policies and procedures, providers noticed an increase in the alignment between that encompassed in agency manuals, and what happened in practice.

Within our agency we have moved from subjective judgments about how we meet service standards, to knowing our work is carried out with integrity. This shift in culture has come from the paper trails that we now have to guide our work. When we do something we do it by the manual ... It’s an insurance policy for them (staff) that if they stick to more or less what the manual says they should do and how the procedures should operate, then they know the organization will back them up.

Enhanced Responsiveness to Clients - Some providers thought that the influence of the consumer movement had pervaded into the contract culture, and that this influence had led to “an improved consumer-driven service” with an emphasis on client rights and client satisfaction. For example, many agencies had introduced client-focused standards for example, a client bill of rights; client complaints procedures; and, client contracts (outlining their roles and responsibilities during programme attendance). The issue of safe practice had become a prominent consideration for providers and, as a result of this many stated that their agencies’ staff selection policies now demanded their employment of qualified staff and some agencies insured their workers against allegations of unethical practice. In contrast, previously staff were predominantly voluntary and came to services with “a willingness to help” and “good will and good heart,” but without training or qualifications.

Introduced a Quality Control Process - As a result of the introduction and use of accountability measures, providers reported that they have the means with which to capture data and many have accumulated enough information to direct decisions both at the policy and managerial levels. Such records “enhance our capacity to audit the agency’s activities and also to guide where the resources should be placed. It clarifies where we are wasting our time and where we are most effective.” Moreover, operationalizing such measures reportedly assisted providers’ policy-making bodies with the identification of areas for improvement and issues requiring their attention.

A Word from Maori and Pacific Island Providers

The principal concern expressed by providers delivering services underpinned by a Maori or a Pacific Island value base, was the discord between the measures of accountability imposed by what they perceived as mono-cultural organizations, and those measures which were regarded as most affiliated with their agencies’ philosophies and goals.

We have our own accountability through our Kaumatua to our executive committee here on the marae. What Community Probation does is work in a way that tends to draw us into the system ... It’s a power thing ... You might have something to gain by this accountability thing, but there is nothing to be gained by us.

A provider delivering services to Pacific Island peoples had a similar point of view:

We understand what is going on in our programme and the Board understands the programme’s needs ... We deliver our services in a different way, and the measures of accountability are not linked to our way of working. The accountabilities that we are being judged on favour the Palangi groups.

Most of the Maori and Pacific Island groups are not performing well because our accountabilities are different. The Palangi way disadvantages Maori and Pacific Islanders.

When asked what changes in the accountability measures would be needed to make it appropriate for these groups, the response was;

I know with Maori they are focusing these issues on the Treaty to make sure that they meet their needs. With the Pacific Island groups we are just floating around the Palangi standards. We need our own standards... Pacific Islanders are far away from getting some standards that really suit them.

10.4 Competence as a Property of Quality

The number and percentage of CPS informants, who identified staff competence as a property associated with a quality correctional service, are shown in Table 34.

Table 34: Staff Competence as a Property of Quality

Quality Indicator	Area Manager Identification	‘Contract Manager’ Identification
Staff Competence	3 (21%)	7 (44%)
Not Identified	11(79%)	9 (56%)

Source: Survey data, 1998

CPS informants believed that providers must possess the necessary skills and knowledge for working effectively in a correctional context. For example, Area Managers believed that competence presupposed that providers would have the “experience, skills and qualifications for what they are supposed to be doing with offenders;” and ‘Contract Managers’ believed that it was “important that we know that they know what they are doing” by “participating in provider staff selection panels.”

Many CPS informants made reference to the questionable competence of some of the providers’ staff with whom they contracted. For example, they observed that there was “considerable skill deficits amongst providers,” and “some providers staff lack credibility” having “come from the school of hard knocks ...but without the competence ...to deal with the

real issues.” One Area Manager reported that he had told a provider: “We won’t buy your programme just because you have done an anger management course.”

Two (14%) Area Managers suggested that where there was some doubt in their minds about the competence of contracted organizations’ staff to work with offenders, that the Service should invite these staff to join CPS staff when training opportunities arose in order “to bring them up to speed.”

Despite these concerns ‘Contract Managers’ identified a range of characteristics that they associated with providers who delivered successful correctional interventions and these are listed in Table 35.

‘Contract Managers’ described competent provider staff as “street wise,” “knowing the nature of the beast,” being aware of ‘the effective ways of working with offenders’ and having “the skill and expertise to assess the best mode of treatment.” They would “provide a positive, pro-social role model for offenders,” “be highly motivated ... and deliver the course with energy and enthusiasm,” “have time to listen” and “engage in problem-solving” activities. Informants also suggested that being ‘a team player’ was a beneficial attribute for a successful programme provider.

Table 35: Successful Provider Characteristics - Purchasers’ Perceptions (16)

Characteristic	Respondent Identification (Number)	Respondent Identification (Percentage)
Competence	7	43.75
Positive Role Model	3	18.8
Enthusiasm	2	12.5
Listening & Problem-Solving Skills	2	12.5
Responsibility Placed with Offender	1	6.3
Engagement Skills	1	6.3
Team Players	2	12.5

Source: Survey data, 1998
Note – some ‘Contract Managers’ noted more than one ‘successful provider characteristic’.

They work closely with us. They understand the Probation Officers' role and provide information to the offender that is consistent with that provided by corrections staff.

Finally, informants believed that successful programme providers must have "excellent engagement skills" and understand "that their role was to encourage offenders to take responsibility for their own actions."

From their perspective 39 (69.6%) providers identified specific staff qualities that contribute to success in the delivery of services to offenders. While 3 (5.4%) providers noted that qualifications and "the necessary skills and expertise to work with offenders in a professional manner" were desirable staff attributes for the achievement of results with offenders, and some had employed specialized staff (for example, those who specialized in working with Maori and youth) to achieve that end, most referred to other staff qualities as having a predominant influence on working successfully with this client group. Such qualities included their life experiences, their approach to the work and the ways in which they related to offenders.

Life experiences were regarded as advantageous because reformed offenders or addicts in recovery could, for example, "use self-disclosure as one method of assisting clients address their problems"; and moreover, they were living examples "that change is possible."

Role modeling was regarded as a powerful force to bring about change in offender behaviour and attitudes. Examples given included situations where co-gender facilitation provided the opportunity for staff to demonstrate appropriate interactions between men and women. In other treatment settings staff were able to model appropriate "management of emotions" and "pro-male and pro-people" attitudes and behaviours as well as "respect for others" and "positive self regard."

According to some informants an *enthusiastic* approach and working "from the heart," were also observed as essential, particularly in the early stages of treatment when engagement was an all important first step to facilitating and supporting offenders through change.

They are testing you to the max of how much you truly care and when that is truly tested and tried, then you get a tremendous sense of authority to speak in their lives and you will succeed with them.

Although providers encouraged a *caring, supportive* and *welcoming* manner when working with offenders, many also felt that this approach alone was insufficient to successfully engage offenders in change. Instead this caring and accepting manner needed to be combined with an approach that was “*firm*” and “*tough*” and which involved applying “programme rules with integrity.” Additionally informants felt that staff should work with offenders in a “*respectful*” and “*honest*” manner, together with an approach that “recognized their struggle,” was “*non-judgmental*” and “*not punishing*”.

Furthermore, providers stated that a *trusting relationship* was a necessary aspect of working productively with offenders; and, staff were to *encourage client change*, rather than demanding or directing change - an approach, they stated, facilitated clients initiating and taking responsibility for change.

While in one respect the caring and controlling aspects of the therapists work might be seen as contradictory, providers agreed that staff could simultaneously be “supportive” of the client as a person, while being “challenging” of the person’s behaviour - the former placing the therapist in a better position to credibly facilitate the latter.

It’s about being in a position to challenge them about their behaviour, but also supporting them. There’s a fine line between not being seen as someone who’s from yet another mandated agency here to do a job, rather than actually supporting and encouraging them to change...and overcoming the resistance by re-framing it in a way so they can see the benefits and want to be here.

Twenty-two (39.3%) service providers believed that successful change occurred for offenders when there was clarity about the respective roles and responsibilities of the change agent, and those who were the focus of change. Holding a belief in offenders’ capacity to change and guiding and providing the mechanisms for change, rather than imposing change on offenders were principal themes. As agents of change, providers believed that successful strategies involved;

- normalizing the “doubts” and uncomfortable feelings associated with change;
- focusing on being “accountable” for future behaviours and thoughts, rather than “rehearsing stories” from the past ... “that serve to maintain the attitudes and behaviour that need to change”;
- challenging the offender to “reflect on their behaviour and take action to change;”

- removing any barriers to change by “finding the triggers that have led to their offending ...,” for example, “their lifestyle ...” and by “creating a learning culture in the group;”
- opening doors to change by providing “alternative pathways for offenders to deal with experiences ... more effectively; and,
- teaching concrete skills.

Drug abuse, violent offending or whatever ...are all the coping tools that they know about how to deal or cope with issues. We work with them until they are no longer coping like that. We give them the tools and responsibility to deal with things in a rational way and effective way.

While providers saw the primary focus of their role as offering a structure for behavioural and attitudinal change, they were adamant that the responsibility for the change effort lay with the offender.

We must involve the offender in the change process, but they are responsible for the consequences of choosing to participate or not.

We focus on helping the offender find the factors underlying their offending *themselves*.

We use questions that get the offender to do the work around change, rather than telling them what to do.

The art of linking the change agents and their approaches with the offenders’ responsibility for positive change, was to ensure that such therapeutic processes had relevance for the offenders and their lives; and, moreover that such processes related directly to those factors that were strongly correlated to offending.

Using the clients’ experiences as a reference for the intervention is important in getting offenders engaged in change. We have to work with their reality.

10.5 Security as a Property of Quality

Two (14%) Area Managers and 1 (6%) ‘Contract Manager’ couched this quality indicator in terms of the level of confidence they had that the services and programmes delivered by providers were not going to pose any risk to the physical and psychological safety of offenders.

For me, one consideration is whether these providers can be relied upon to deliver a professional service in a professional way that doesn't put our clients at risk. I guess it's about client safety and whether we can justifiably refer this person to the programme knowing they will be safe.

Informants were convinced that some "providers value life-experience over qualifications, and 'I am concerned that client safety is in jeopardy because they are working inappropriately.'"

For example, informants related experiences where offenders had been permitted to use illegal substances at an alcohol and drug treatment centre; and where "female residences had been sexually abused whilst undertaking a residential treatment programme."

To counter such potential risks, many providers stated that their agencies ensured that staff worked according to a code of ethics. For example, one provider commented that "we have to ensure that staff are safe to work with clients by ...maintaining clear boundaries between their personal and professional lives." Furthermore, providers stated that clients participating in their programmes were aware of and had access to a clients' complaints procedure.

10.6 Reliability as a Property of Quality

Reliability - 2 (14%) Area Managers stated that this quality indicator referred to the provider agency's sustainability; that is, is the agency, if contracted to provide services to offenders, going to be able to sustain its business for the duration of the contract in order to fulfill its obligations to the purchaser.

10.7 Communication as a Property of Quality

CPS informants referred to this property in terms of the provider's willingness to maintain open, regular and "ongoing" "liaison with us;" to listen to the purchaser's expectations; to be involved in joint problem-solving processes; and, to inform the purchaser about any organizational, programmatic, and staffing changes that occur during the term of the contract.

Within the overall contracting framework CPS informants stated that there were two main forms of communication with and about contracted providers. The more formal means of communicating occurred via the Quarterly Reports, while the more informal means of communication occurred via a number of different systems. Informants described four main informal communication systems. First, they mentioned liaison, where the parties developed good relationships, with regular contact, and open communication. Second, they stated that they gained information from clients participating in contracted services. Third, exchange of

information was derived from “the community grapevine.” Fourth, information about contracted providers occurred through “spontaneous comments from other providers and purchasing agents.”

Over half the Area Managers questioned believed that the more formal method of communication had limited value for them in terms of notifying changes in provider circumstances or performance problems that required remedial action. This view is reflected in Table 36.

Table 36: Level of Satisfaction with the Quarterly Reports as a Method Of Communication – Area Manager’s Views

Level of Satisfaction	Area Managers (number)	Area Managers (percentage)
Satisfied	1	7%
Limited Satisfaction	5	36%
Dissatisfaction	3	21%
Undecided	5	36%

Source: Survey data, 1998

Instead, 13 (93%) Area Managers and 6 (38%) ‘Contract Managers’ believed that the more informal methods of communication were more effective because they facilitated an expedient resolution to issues and averted any “magnification of problems.” Despite this preference, CPS informants cautioned that although the “different interest groups pick up information and are keen to tell you ...you have to sort out what is valid, and what isn’t.”

Informants related a myriad of issues that had been brought to their attention through the informal communication system. These included client-related information, (such as non-compliance); information about providers’ staff, (for example, staff changes, provider staff convicted on criminal charges, poor provider staff attitudes and practices, and staff failing to keep appointments with clients); contract breaches (such as delivering programmes and using personnel other than that specified in the contract); and instances where providers had, despite advanced payments, failed to deliver contracted services and absconded from Areas.

Providers too valued the more informal systems of communication with funding bodies. In order to assess the effectiveness of this more informal mechanism providers were asked about the frequency of contact between the contractual parties, and to rate the quality of that liaison.

Table 37 shows that about two thirds of providers in the sample reported at least monthly contact between the contractual parties. Where this contact was more frequent - for example weekly contact - such contact simply involved reporting levels of client attendance.

Table 37: Frequency of Contact between CPS and Providers

Frequency of Contact	Providers' Experiences (number)	Providers' Experiences (percentage)
Daily	6	10.7
Weekly	17	30.4
Fortnightly	6	10.7
Monthly	8	14.3
Quarterly	3	5.4
Variable	7	12.5
No Contact	4	7.1
No Comment	5	8.9

Source: Survey data, 1998

Table 38 shows that over half of the providers in the sample rated the quality of the contact between the contractual parties as either excellent, or good.

Table 38: Quality of the Liaison between CPS and Providers - Providers' Views

Quality of Liaison (4-point scale)	Provider Experiences (number)	Provider Experiences (percentage)
Excellent (4)	22	39.3
Good (3)	11	19.6
Satisfactory (2)	8	14.3
Poor (1)	5	8.9
Variable	6	10.7
No Comment	4	7.1

Source: Survey data, 1998

Providers who experienced effective liaison with the CPS identified a range of qualities that facilitated communication that was consistent and of high quality. First, they maintained that such communication needed to be regular, open, proactive, timely; and, involve a number of avenues including face-to-face meetings and telephone and written contact with representatives from all levels of the purchasing organization (Head Office staff, Area Management and field staff). Furthermore, they argued that if the contractual parties were to work collaboratively on issues pertaining to practice, procedural and policy matters, then the purchaser's representatives needed to be people with whom they could relate, who were committed to inter-agency cooperation, and who had a good understanding of the providers' agencies and programmes. Moreover, they stated that the liaising parties needed to be clear about their respective roles and responsibilities in relation to the contractual relationship.

Of those in the provider sample who were less than satisfied with the communication between the contractual parties, they related instances where communication between the contractual parties was disinterested, inconsistent and less than open. Moreover, they had experienced instances where the activities of the parties were not collaborative.

We haven't seen a Probation Officer inside our building for about three years. They don't come over; they don't know who works here; what happens here; or, what we do here.

As an example we have someone here on supervision that was stipulated to complete treatment. All the while the client is talking to the liaison officer about wanting options to do something else. As it stands currently the liaison officer won't talk to us about that. So a client can be planning to breach their conditions of supervision, and the liaison officer won't talk to us so we can help foster an environment in which the person won't breach the conditions of their supervision.

In addition, providers believed that communication between the parties was stymied because CPS representatives appeared to "devalue provider knowledge, skills, experience and understanding of best practice in working with offenders."

There's a lot more room for improvement by networking together ...acknowledge each other more. So instead of emphasizing diversity, we need to emphasis unity and then we will achieve mutual respect. Even if our service has a different philosophy and approach, when our results prove that we are effective, then Probation has to listen to us. Probation doesn't do that, and so there is room for improvement there.

Lastly, providers related experiences where communication between the parties and adhering to their respective obligations under contract seemed to be one way. For example, “they insist that we report to them on time, but they are really slow to send out payments after we have invoiced them.”

We ... feed the attendance information back each week, but we don't get any response from Probation about what has happened ... to offenders referred to this service, who for whatever reason, don't turn up and don't comply. We provide a lot of information to them (Community Probation), and we don't get much back.

10.8 Presentation as a Property of Quality

CPS informants explained that this determinant of quality focused on the amenability and adequacy of the providers' facilities for delivery of services to offenders. For example: “Are they accessible to all clients, including those with disabilities? Is the environment conducive to client comfort and facilitate their being receptive to service delivery?” In addition, they stated that “provider agencies should meet all the health and safety requirements,” but that in the past some “had failed to comply with local body health and safety criteria.”

Chapter 11: Aspects of Contracting that Impact on Quality

11.1 Competition and Quality

Arguably one of the advantages of indirect versus direct service delivery is the enhanced service quality resulting from the creation of a competitive environment. In order to access more detailed information about the availability or otherwise of indirect services appropriate for delivery to offenders, ‘Contract Managers’ were asked the following hypothetical question: “In the event of contract termination, are there other agencies in your community which could provide similar services to address the offender needs prioritized by your Area?”

Table 39: Availability of Replacement Correctional Services

Locality	Positive Response (number)	Positive Response (%)	Negative Response (number)	Negative Response (%)	Unknown (number)
Urban	7	43.8	2	12.5	7
Rural / Provincial	1	6.3	4	25	11

Source: Survey data, 1998

Table 39 shows that in urban areas informants (44%) believed that in the event of the collapse of most of the presently-funded services, they could purchase others of a similar nature. The situation was however reversed in rural and provincial areas. Here informants (25%) believed there would be no duplicate programmes to replace those presently funded.

While some ‘Contract Managers’ interviewed reported that they could, in urban areas, replace many of the services that they contracted and only 2 (13%) informants reflected some concern about the quality of these, almost all CPS informants remarked that the pool of suitable providers in their Areas was small – a situation, which appeared to preclude the “creation of a competitive environment to improve service effectiveness.” Moreover, all identified a number of specialist services that they stated would be difficult to replace – namely, programmes for sex offenders, residential programmes and cultural programmes, particularly marae-based services and those using the language of the ethnic group concerned.

Seven (50%) Area Managers admitted that in situations where the Service had a limited choice of available community-based services, the Service had to waive a strict adherence to quality standards.

If you go by the contracting model then you should say ‘these are the criteria.’ You either meet them or you don’t meet them. I tend to think we are signing contracts saying they’re (service providers) getting close enough. This happens because the reality is that we don’t have anyone else who can provide the service.

The difficulties are mainly that sometimes we are reasonably grateful if there is an organization willing to work with our clients. So we take them on knowing that they will have some shortcomings.

This awareness that in a variety of instances a competitive element was absent, led some Area Managers to surmise, that if additional funding became available they would engage in a competitive tendering process for the purchase of appropriate correctional services.

If I had more money it would mean that I would have more leverage to purchase programmes that are better. I am thinking particularly now in the area of alcohol and drug. If I had more money I would go out and tender for programmes specifically designed for us.

11.2 Remuneration and Quality

The acquisition of funding is an important input to the ultimate achievement of outcome. Its significance lies in exploring the link between the level of payment received by providers for delivering services to offenders, and the quality and level of service acquired.

Providers were asked to estimate the importance of the CPS’s funding to their agencies’ capacity and capability to deliver services. They were asked to use a scale of one to four to measure the level of importance of this funding, where one was defined as ‘not important’ and four was defined as ‘very important’.

Although the results in Table 40 show that almost half of the providers indicated that their agency relies on CPS funding for survival, the context in which these responses were described was somewhat variable.

Only 3 (5%) agencies in the ‘very important’ category had developed and were delivering services solely for the offender population. In these cases providers anticipated that the withdrawal of CPS funding would result in agency closure.

Table 40: Community Probation Service Funding and Agency Survival

The Importance of Community Probation Service Funding to Agency Survival	Agencies (number)	Agencies (percentage)
Very Important (4)	25	44.6
Important (3)	10	17.9
Some Importance (2)	13	23.2
Not Important (1)	6	10.7
Not able to Comment	2	3.6

Source: Survey data, 1998

Table 41 shows providers’ views about the number of programmes that received sufficient or insufficient payments from the CPS with which to deliver services to offenders.

Table 41: Sufficiency of the Unit Cost for Services - Providers’ Experiences

Level of Unit Cost	Informant Responses (number)	Informant Responses (percentage)
Sufficient	21	37.5
Insufficient	28	50
Unknown	7	12.5

Source: Survey data, 1998

Half the informants in the sample stated that the unit cost paid by the CPS for services purchased for offenders was insufficient to cover all the costs incurred by the provider. CPS funds were consistently referred to as “extra” and “unreliable,” and in recent years providers noted a trend whereby overall payment levels had been reduced each year.

It’s almost like they are going to pull the plug very soon and there won’t be anything there at all. From the first year when we got \$35,000 it went down to \$27,000, then the next year to \$23,000, and now we’re down to \$15,500.

As a consequence of this reduction in CPS funding, providers accessed funding resources from a variety of other sources. Table 42 shows the alternative funding sources identified by providers that contributed towards services for offenders, and the number of service providers that accessed such alternative sources. Almost three quarters of the agencies sampled accessed more than one funding source.

Table 42: Alternative Funding Sources that Contributed to Services for Offenders

Alternative External Funding Sources	Provider Access
Health	7 (13%)
Community Funding Agency	7 (13%)
Community Trusts	7 (13%)
Client Contributions	4 (7%)
Family Court	4 (7%)
Donations	4 (7%)
COGS	3 (5%)
Lotteries Board	5 (9%)
Unable to Comment	15 (27%)

Source: Survey data, 1998

Every cent plays a part in ensuring the service continues. We would never be able to deliver our services from the funds of one agency. To keep the service going we need a certain level of funding, and every payment contributes to the level required.

To be blunt the amount that Corrections funds doesn't actually cover the course itself. They are subsidized quite dramatically ... probably two to three hundred dollars by the Family Court per person, as the ratio stands now. So when we get a course of 12 men and 6 of them are Correction's clients, we will loose money on that.

Providers noted that accessing funds from alternative sources to subsidize services to offenders was not without difficulties. They stated that the number of possible alternative funding sources, which might be used by them to subsidize CPS payments, was reducing. Apparently a number of these trusts, had in recent times, introduced eligibility criteria that excluded applicants receiving funds from Government departments. Moreover, some providers noted that accessing funds from some sectors, for example, the health sector, was not a viable option. Seemingly, such funds were sought after by providers from both the private and public sectors - the latter perceived as having a level of organizational development which outclassed agencies from the non-government sector.

If we don't have it (CPS funding), we've got to look at other sources, and we already know that addiction services are way down low in terms of how other funders respond to them. They are more interested in preventative and educational services, rather than picking up the drunks and addicts out of the Courts.

We go to places like Lotteries and some local trusts, but as soon as we say that we have two government contracts, they say ‘get lost.’ Courts and Probation have got money, so let them pay.

We are not able to compete with these huge bureaucracies in terms of accountability standards. The structure of their organizations is far more developed than ours. Our infrastructure is only developed to a level that is acceptable to Community Probation.

While some providers made ends meet by accessing multiple external funding sources, others adopted internal strategies with which to subsidize the unit costs paid by the CPS. These solutions included:

- fundraising;
- trimming planned budgets to accommodate actual income;
- using income from interest payments from income invested during the years when funding was paid in the form of grants;
- developing profit-making ventures, such as offering catering services, research services, training workshops, professional supervision, and producing and selling furniture and other types of hardware;
- expanding service provision to a variety of areas and to a variety of target groups in order to increase the viability of their businesses through economies of scale; and,
- depending on the “goodwill” of their staff, who “are passionate about this work” to provide some essential services on a voluntary basis.

Providers believed that reasons other than service quality underpinned the CPS’s purchasing decisions. For example, some observed that providers who were “good negotiators ...were paid more” than those delivering “better services.” Others believed that the Service’s obsession with cost containment shifted their focus to achieving output targets, rather than ensuring quality and effectiveness.

They don’t care how many clients we see in the contracted time, or what we do ... the (Community Probation) staff here have said ‘do within that time anything you want, groups, preventative education, whatever you like, as long as you do the hours.’ It’s hard for me to continue to act with any integrity with Community Probation when we get a contract ... that has no expectations about results.

Many commented that the level of remuneration was such that there was no incentive to deliver quality services and, as a result of this, standards dropped.

Table 43 shows that of the 28 providers who maintained that unit costs paid by the CPS did not meet the total costs of service delivery, 60.7% of them stated that this had affected the level of service offered to offenders.

Table 43: Level of Client Service Affected by Insufficient Payments for Units of Service

Level of Services Effected by Insufficient Funding	Providers Effected (number)	Providers Effected (percentage)
Yes	17	60.7
No	9	32
Unsure	2	7.1

Source: Survey data, 1998

Providers noted a range of ways in which the quality of their services had deteriorated as a result of restricted funding policies. First, since the CPS had become an insignificant player in guiding their services, many agencies had shifted the content of their services to other target populations in order to attract funding – a situation which they believed made the appropriateness of their services for offenders marginal.

Second, some stated that they were now offering a less intensive or abbreviated version of their treatment intervention: “We remove programme modules as the funding becomes more restrictive.” Others stated that they had reduced the variety of services offered within one agency. Still others reflected that services were only available to offenders for a part of the year and in a few cases services had been terminated as a result of insufficient funding.

Providers’ views were somewhat mixed concerning whether to continue providing services when CPS “continues to be driven by short-term cost-cutting policies.” A few were contemplating withdrawing their services, while others stated that despite the inadequacy of the financial rewards, their passion for assisting others drove them to continue service provision.

There is no security or contentment from the income derived from contracts. The staff that we use really have a passion about what they are doing. So we are counting more on their aroha, their passion and their belief that what they are doing is worthwhile and will bring about change ...rather than them being well remunerated for what they do. You can’t make much of a living out of what we do.

Of considerable concern to many providers was the fact that low levels of funding resulted in “inadequate staff numbers” and staff losses that led to “higher staff to client ratios;” the

employment of “untrained people without professional skills;” and, an inability, at times, to provide “staff training or supervision.”

Last, providers noted that restricted funding precluded their ability to develop “programme ideas and innovations,” new services, or “extend existing services.”

In all providers commented that in recent years purchasers’ interests had narrowed from a former interest in the prosperity and development of agencies with whom they conducted business, to an interest only in the services received by the client on whose behalf services were purchased – a buy-on-demand strategy. While in the short term they acknowledged that this enabled purchasers to manage within restricted and perhaps shrinking budgets, in the long term they thought this strategy “will lead to services that fail to develop in a way which makes them responsive to the clients they serve.”

From their perspective, 79% of Area Managers thought that, in many ways, restricted budgets had brought a sense of “realism” to the level of remuneration paid to providers. In contrast, other Area Managers struggled with the question of whether to purchase lower standards of service knowing that budgets for meeting the demand for indirect services were restricted, but that at the same time their Service had a mandate to meet the programming requirements of court-ordered sanctions.

Difficulties arise when the amount of funding we are going to pay is small. So some groups are saying, ‘it’s a lot of effort for small numbers. Do we have to meet all your programme provider standards?’ That becomes an issue.

While funding restrictions appear to have impacted, at times, on the quality of services purchased, according to 3 Area Managers it had also led to the demise of non-government agencies – a situation which resulted in the loss of beneficial services for offenders.

Whist we expect more and more from our community, we are reducing their funding. There must come a point when they can’t continue. We have lost some quite good organizations through that. We had a sex offenders’ programme here. They couldn’t get any funding from anywhere else. We were the only funders and it got to the point where they fell over.

For their part, some ‘Contract Managers’ recognized that low levels of payment “often lead us to compromise on the quality of services we purchase.”

To counter the difficulties of meeting service demand within the context of restricted budgets, CPS informants adopted a variety of strategies. First, about three-quarters of those interviewed stated that they now preferred to adopt a more flexible and somewhat reactive approach to purchasing services from external providers. For example, many purchased the smallest possible unit of service (a session or a day, for example) in order to pay for only those services delivered to offenders and thereby preventing waste. In addition, contracts specified payment in arrears upon receipt of an invoice. Also they supported the Service's newly-introduced policy, whereby 20% of funds could be set aside for programme purchasing on an "as and when needed basis;" and many sought to purchase variable, rather than fixed units of service from providers so that "we can have a wash up at the end of the year (December) and where providers are taking clients we can give them some more money." A few providers stated that they had an understanding with the CPS that if additional money became available at the end of the financial year, they would receive reimbursement for the work undertaken. They recognized that such arrangements attracted financial risk for them.

Second, they acknowledged the economic advantages associated with providers' receipt of funding from multiple sources. They commented that for the providers multiple funding sources would be an advantage, since some funding agencies paid in arrears, while others paid in advance. Such an arrangement allowed providers to spread their agencies' income and expenditure evenly throughout the financial year, and offer continuous service provision. Some providers concurred with this view that they utilized funding from other sources to pay for offender services: "We cater for Community Probation clients ...under the banner of health. We just pick out clients and say that one will be a Community Probation one and that one won't"

Last, they recognized that some providers continued to deliver services to offenders regardless of whether remuneration was forthcoming or not "because they have a passion and a vision." This situation was substantiated by 13 (23%) providers who stated that their agencies accepted all referred clients because they had a "commitment to the work we do;" "the drive to create a role model for offenders ...by going the extra mile;" held a philosophy "about community helping people;" and explained that "the reward is in the results ...not the funding."

11.3 Contract Length and Quality

Table 44 shows that half the CPS informants preferred short-term contracts - that is, contracts of twelve months duration or less (particularly if they included the purchase of variable units of service, fee-for-service arrangements, and payments in arrears). Six (42.9%) informants preferred to have a range of contract types at their disposal – a preference, which offered some flexibility to their purchasing decisions. This range included relationship contracts, discrete contracts and one-off placement contracts with “pay as you go” reimbursement. At the other end of the continuum of contract length preferences, only one informant thought the most “... productive form of relationship could be achieved through longer-term contracts - probably a three-year cycle with programmes that we have a well-established relationship.”

Table 44: Contract Length – Informants’ Preferences

Contract Length	Community Probation Service Informants’ Preference	Providers’ Preference
Short-term	7 (50%)	14 (25%)
Long-term	1 (7.1%)	35 (62.5%)
Short and long-term	6 (42.9%)	-
No preference	-	7 (12.5%)

Source: Survey data, 1998

In contrast, almost two thirds of providers preferred long-term contracts. They defined a long-term contract as one of at least 3 years duration. Some stated that they had experienced contracts of this type in the context of service provision for the health sector. A quarter preferred short-term contracts. The rest were undecided about their preference for either a short or long-term contractual arrangement. In the main, this indecision centered on either their lack of experience of long-term contracts, or their uncertainty about whether the advantages of long-term contracts (for example, organizational stability and security) outweighed the present flexibility with which their services were delivered - a factor which traditionally has been highly valued by non-government sector providers.

Short-term Contracts - The main reason for CPS informants’ preference for short-term contracts was the flexibility that this approach offered to them. First, this flexible approach enhanced the *efficiency* with which they managed the unpredictable and changing demand for services (for example, some informants stated that in past funding years a number of fixed units of service had been purchased, and payment had been made in advance of receiving such

services. When the demand was less than expected, the units were not used, and the funds were unable to be recovered).

Second, short-term contracts provided a mechanism with which to test and review the contracted providers' *responsiveness* to both the purchaser and the clients on whose behalf they contracted services: "We can exit contracts if the provider is not adequately meeting the offenders' needs ...when their practices are inadequate ...and if they don't seem to contribute to our goals."

While theoretically CPS informants preferred the flexibility that short-term contracts offered in terms of terminating contracts when the standard of the providers' services fell short of that required, when asked directly about instances when they took advantage of this means of exiting a contractual relationship, informants reported only 3 instances of contract termination during the 12-month period from July 1997 to June 1998. This lack of consequence for instances when provider services failed to meet standards was a matter of concern to a number of CPS informants. They surmised that in part the issue here related to the tension inherent in contractual relationships – a tension between the need to develop close relationships with providers and the need to effectively manage contract breaches when they occurred: "Staff are grateful to have an agency to refer offenders to ...and they build cozy relationships with providers. Because of this when they have knowledge of something amiss, they tend not to do anything about it."

Third, CPS informants favoured short-term contracts because they provided them with the opportunity to test the *credibility* of "first-time contractors" and those that they described as "fledgling" agencies with "under-developed procedures."

Last, and most importantly, 67% of informants preferred annual contracts because for them the quality of the providers' service hinged on the skills and abilities of "the charismatic personality of one or two ...and when something happens to them the whole thing slides." Many stated that staff retention within providers' agencies was problematic. They described employment in this context as insecure and demanding (long hours and multiple tasks) – conditions which they believed led to staff burnout or staff seeking alternative employment opportunities. In all, they contended that the frequent staff changes posed a risk in terms of the quality of the services delivered to offenders.

Providers, who preferred short-term contracts, recognized that they were part and parcel of the ever changing and competitive nature of the social service environment, and as such they viewed them as a force which drove them to continually improve and demonstrate the effectiveness of their services and enhance the transparency and *accountability* with which they managed service provision.

In contrast, those who were critical of short-term contracts stated that they discouraged the further development of their programmes in order to enhance service effectiveness; and furthermore, they threatened aspects of the *appropriateness* of their programmes for offenders. For example, some providers reported that there was a mismatch between the length of the annual contract and the length of their programmes. Where programme length was longer than the annual contract, funding was only guaranteed for a portion of the service and "... if the contract is not renewed, then we are left to find alternative funding sources to support offenders' continued participation in the programme." In some cases providers had cut the duration and intensity of services to facilitate a fit between the duration of services and the contract length.

Long-term Contracts – CPS informants thought that long-term contracts were only suitable in circumstances where the providers' *credibility* and *responsiveness* to their Service's goals had been established over time and where the *appropriateness* of their services had been confirmed. They further believed that multi-year contracts had the potential to facilitate service development, ensure service continuity, and preclude conditions which led to "parts of programmes having to be cut."

In some respects providers' views about long-term contracts paralleled those presented by CPS informants. They too believed that long-term contracts were only suitable when the provider agency had "reached an adequate standard of organizational development and programme design," as well as "having a proven record of achieving effective outcomes for offenders." Similarly, they also viewed multi-year contracts as providing an opportunity for service development and a guarantee of service continuity.

In addition, providers linked the use of long-term contracts to continuity and security of staff employment - circumstances which facilitated the agencies' retention of *competent* staff. Some providers stated that annual contracts "only guarantee staff employment for one year" which

“is only attractive to someone wanting experience and I want staff with experience.” Others reported that they were constantly faced with the possibility of losing “good staff because “if we don’t get the funding the next year, the job is gone.” Still others stated that “without long-term contracts we can’t get committed people. We use contractors, which we pick up and then put down. That seems to be the nature of government contracts these days. I think it is a real shame because you can’t get people who can stay and contribute more fully to the overall organization.”

11.4 Competence and Quality

Competence of Purchasers

Our relationship with them depends on the person you are working with ...how much they know, how much information they are willing to share, their understanding of the provider’s business, and their commitment to the relationship.

52 (93%) providers commented on the crucial link between the competence of the purchasing body’s contracting staff and the achievement of performance. While 13 (23.2%) providers were satisfied with the contracting and programmatic knowledge and skills of those with whom they interacted during the term of the contract, 77% were critical of the low level of expertise demonstrated by the CPS staff who were responsible for the contracting processes and procedures. This perceived lack of competence, they believed, led to “confusion for the parties.” For example, they commented that the selection of appropriate contracted programmes for a correctional setting was adversely effected by their scant knowledge of “effective programmatic and organizational standards” required: “We are dealing with someone who knew less about it than I did.” Moreover, they stated that the CPS offered them very little information with which to facilitate their *responsiveness* to the Service’s business objectives.

Of their experiences of communicating with CPS staff responsible for purchase-of-service contracting, this group of providers described it as “untimely,” “non-collaborative,” “non-strategic” and involved those who lacked the “delegation to make decisions.”

Competence of Providers – 50% of Area Managers expressed concern about the overall quality of the programmes purchased from external providers. They acknowledged that what was needed was “a pool of money set aside for the development of providers’ organizations and programmes” in order to “help and enable them to work with offenders ...in a worthwhile way.” Yet despite this acknowledgement, Area Managers stated that they “couldn’t afford that. We haven’t got the extra funding for it.”

Section 2.3: Performance and Contract Monitoring

This section of the results explores aspects of performance in relation to contract monitoring. The introduction describes the CPS's contract monitoring policy. In chapter 12 the results provide the informants' views about whether targeted clients are served within the context of the contractual relationships under examination. Chapters 13 and 14 examine informants' views about methods of measuring economy, efficiency and effectiveness and the degree to which monitoring information informs performance-related questions. Chapter 15 describes informants' experiences concerning the utility of monitoring information.

Introducing the Community Probation Service's Contract Monitoring Policy

The CPS Manual outlines the policy and procedures for monitoring and evaluating the contractual arrangements under the Community Programme and Maatua Whangai Programme funds. The responsibility for monitoring the contractual arrangements within this context occurs at three levels - Head Office, Area Offices, and field staff (liaison Probation Officers).

According to the policy, responsibility for monitoring lies, in the first instance, with the Liaison Probation Officers, each of whom is assigned to a contracted provider. It is their role to collect the relevant monitoring information relating to each provider's contract. Monitoring information is concerned with the quantity, quality and timeliness of contracted provider services. The CPS defines these categories of monitoring information in the following ways:

- *Quantity Measures* include the amount of service to be provided; and, the percentage of programme attendance per unit of service delivered.
- *Quality Measures* require each provider to demonstrate the use of correctional principles of programme effectiveness during service delivery; meet the cultural needs of clients; report on numbers and attendance of referred clients; set behavioural objectives for participating clients; and, report on the adequacy with which each client meets these behavioural objectives.
- *Timeliness Measures* require each provider to adhere to the contract commencement and termination dates; and, report on client completion of a programme within one week of that accomplishment.

In the main, this monitoring information is encapsulated in two reports - the Programme Provider Quarterly Report and the Managers Quarterly Report (Appendix 3). At the end of each quarter, each Area Manager collates and summarizes the quantity, quality and timeliness information noted in the provider reports, and this aggregated information is forwarded to the Service's Contracts and Operational Manager at Head Office.

In addition, the policy directs Area Managers to complete an annual review about each provider's service. The purpose of this review is to summarize the information gathered at the September, December, March and June quarters. The review report also includes comments about each programme's impact on addressing offence-related needs; comments on the accessibility of provider programmes; and, comments about the economy of payments paid per unit of service received. The policy then directs CPS staff to deliver feedback about the content of this review report with each provider, with an invitation to comment on the information therein.

The Contract as a Means of Defining Performance

Ideally the contract between the CPS and providers would include the performance measures outlined in the Service's policy documents, together with the means of collecting, collating and disseminating performance information to interested parties. While 40% of Area Managers thought that the contract adequately covered such requirements, and that performance information should not be enhanced unless the level of funding increased, the rest stated that the present contract was "not set up for evaluating performance" and the measures were not "robust." They noted that performance measurement in this context largely "emphasized accountability," output and financial concerns – a view shared by 'Contract Managers' and providers. 96% of the providers observed that this was standard performance information requested by all funding agencies with whom they interacted.

Area Managers suggested a range of performance measures which they believed should be incorporated into their Service's contractual agreement with providers. Table 45 lists the measures suggested and the (x) indicates where these measures are present, in either the contract agreement or the attached schedules. Note that of the 19 performance measures suggested, 13 (68.4%) are already present in the CPS's Funding Contract Document and the attached schedules.

Table 45: Presence/Absence of Suggested Performance Measures in the Community Probation Service's Contract

Type of Measure	Contract	Schedule 1	Schedule 2	Schedule 3
Contractual Measures				
Identity of Contractual Parties	X			
Purchaser Obligations -				
Impart Information				
Provide client information				
Regular liaison				
Performance feedback	X			
Time bounded	X			
Termination clause	X			
Organizational Measures -				
Organizational Structure		X		
Quality Assurance Indicators			X	
Financial Measures -				
Unit cost			X	
Other funding sources			X	
Programme Measures -				
Quality Indicators Reflecting Effectiveness Principles				
Programme Content		X		
Methods of Service Delivery		X		
Effectiveness Measures -				
Service objectives met				X
Staff Performance				
Relevance of Content				
Client behavioural change				X
Reduce re-offending				

Source: Secondary data, 1997/98

The additional measures suggested by Area Managers, included those associated with:

- CPS's obligations to providers, including an obligation to ensure that all providers are aware of the Service's policies, procedures and expectations; that information relating to the clients attending programmes is received in advance of programme attendance; and, that the purchaser liaises regularly with service providers.
- The standard of the programme against the principles of effective correctional treatment identified in the literature.
- Indicators such as client satisfaction, the responsiveness of provider staff to offenders' needs, and whether the service's content is accessible for offenders.
- Outcome indicators, such as a reduction in re-offending.

Chapter 12: Are Targeted Clients Served?

12.1 Defining the Target Group

Eleven (69%) 'Contract Managers' and 7 (50%) Area Managers stated that they gave priority to purchasing services that addressed "the behaviours and attitudes that underlie the clients' offending behaviour" in order to achieve desirable results for offenders. Prioritized services that they identified included violence prevention and anger management programmes; sex offender programmes; drink/drive programmes; cognitive skills programmes; relapse prevention programmes; and, substance abuse programmes.

12.2 What Needs do Providers Target?

Table 46 shows the types of needs targeted by providers during the 1997/98 financial year and the setting in which such interventions took place. Of the providers in the sample who delivered services to offenders during that year, all but one were able to specify the need that their services targeted. All but three needs (sexual abuse, self-esteem, grief) identified can be described as criminogenic – that is, "a need of the client, which if addressed, is likely to reduce re-offending" (CPS Manual, 1997: Volume 1, Part 12, 3-A-5). This finding was reinforced by 20 (35.7%) providers who reported that they had altered the focus of their services in order to address offence-related needs. The most predominant needs targeted were violence and substance abuse. The group was the predominant setting in which interventions took place – a finding that more than likely contributes to efficiency – although almost one third of providers offered services in either a group setting or on an individual basis in order to provide offenders with a choice and meet their preferred learning style.

Interestingly, those providers that offered services from a cultural value base frequently provided offenders with a range of services to meet a variety of identified needs (violence, substance abuse, sexual abuse, relationship and parenting problems, budgeting, home management, driver education, lack of whanau support, and a range of personal needs, such as self-esteem, grief and identity issues) from within one agency - a factor that may well contribute positively to any objective relating to client access. Moreover, these providers were of the view that services to offenders could only be successful if they addressed a variety of needs simultaneously.

Table 46: Needs Targeted and Intervention Setting in Provider Services

Number & Type of Service	Assessment	Group	Counselling	Group & Counselling	Residential	Therapeutic Community
Alcohol & Drug (18)	11%	16.6%	27.7%	115%	16.7%	27.8%
Violence (26)	23%	57.6%	3.8%	38.5%		
Drink/ Driving (2)	50%	100%				
Cognitive Skills (1)			100%			
Budgeting (1)			100%			
Sexual Offending (1)				100%		
Non-specific Counselling (1)			100%			
Mixed (7)		28.6%	28.6%	42.9%		
Employment (1)					100%	

Source: Survey data, 1998
Note – some agencies offer both assessment and intervention services.

Intervention services predominate over assessment services. Within the addictions field, this finding is not surprising given the Health Funding Authority’s policy of separately employing approved assessors whose task it is to match assessed client needs with the appropriate level of intervention. An unexpected finding was the percentage of residential addictions programmes funded by the CPS given the Service’s stand that this offence-related need is a health, rather than a justice issue. Be that as it may, the provision of funding to this area is relatively low and may well be justified with the argument that such funding provides for the additional services required by the offender sub-group - a situation acknowledged by a number of the informants interviewed.

While services were purchased on the basis of the primary offender needs, providers identified a variety of other needs associated with clients referred to their agencies by the CPS. These other identified offender needs are shown in Table 47.

Table 47: Additional Offender Needs Identified by Providers

Identified Offender Need	Informant Identification (number)	Informant Identification (percentage)
Criminogenic Environment	37	66
Economic Needs	26	46
Cognitive Skills Deficit	14	25
Inter-personal Skill Deficit	14	25
Social Skills	12	21
Isolation	12	21
Education/Literacy	9	16
Identity	15	27
Mental Health	8	14
Esteem Needs	9	16
Physiological Needs	7	13

Source: Survey data, 1998

Note – Informants often identified multiple additional needs when questioned.

Whilst providers from all 3 sub-groups in the sample (Maori, Pacific Island and ‘mainstream’ providers) identified economic needs as predominant within the offender population, the emphasis that they placed on other identified needs varied. For example, the link between a criminogenic environment and offending behaviour was regarded as significant by both ‘mainstream’ providers and those delivering services from a Maori value-base, but was not identified by those delivering services to Pacific Island peoples. Instead, they observed that physiological needs were predominant amongst their client group. In addition, an analysis of responses from all subgroups showed that ‘identity’ needs were associated with offenders more frequently by Maori providers than amongst ‘mainstream’ providers; and ‘mainstream’ providers identified cognitive and inter-personal deficits more frequently than either of the other two sub-groups.

The Criminogenic Environment – Providers perceived the link between offending behaviour and residing in a criminogenic environment as a significant factor associated with offenders referred to their services. Conditions that informants associated with living in a criminogenic environment included;

- suffering abuse from significant others during childhood, including “sexual abuse,” “physical abuse” and “modeling power and control within the whanau;”

About 60% of the men who come have been sexually abused. It's one of the hidden things around domestic violence. I'm not going to say that it is the cause, but it's a huge volcano. For example, a couple of groups ago a guy stood up and told his story. The abuse started when he was six years old and went on till he was fourteen. He was abused in a social welfare home. In response to this seven other guys in the group went into the fetal position crying and angry. So we don't stop that process but we know that we are here for one purpose to stop domestic violence.

- growing up in an environment where dependence on substances occurs across multiple generations;
- growing up in an environment where chronic unemployment occurs across multiple generations;
- keeping company with others who have significant dependencies on alcohol and drugs; and,
- associating with 'gangs.'

According to these informants, offenders are unable to counter the anti-social effects of living in a criminogenic environment and it is these factors that are the precursors of criminal behaviour.

Economic Needs – Long-term unemployment, poverty, and living in an environment where financial problems were a constant pressure were the three most common factors that providers associated with economic needs.

Unemployment is a major factor for our clients here. If I had a dollar for every time I've heard from these guys 'if only I had a job,' I'd be rich. A lot of them are long-term unemployed. They've been unemployed for 10 years or more. It's not that they don't want jobs ... it's that they don't actively seek work. They see an ad. in the paper and they say, 'this is a job that I could go for,' and that's it. What we do is get them more active by helping them put CV's together, by teaching them how to write letters to apply for jobs and we organize mock interviews with the staff.

We are dealing with second and third generation unemployed. This means that not only do we have to change this way of living for the individual but also for the whole whanau.

Inter-personal Skills - A number of informants noted inter-personal skill deficits amongst offenders, particularly in the context of "intimate relationships like with their partners and as parents with their children."

Cognitive Skills – Informants observed numerous deficits and distortions associated with the cognitive skills and the value systems of offenders. They described these deficits as "disturbed

value systems; lacking impulse control; limited awareness of the consequences of their offending on themselves or others; a purposeless life; a sense of aimlessness in their lives;" and, "offenders seeing themselves as victims. They believe they have been at the end of a raw deal."

Social Skill Deficits - Another offender need identified by providers concerned "their low level of socialization." Examples of need in this category included poor communication skills, in particular an inability to listen and successfully manage conflict when inter-acting with other people. Other skill deficits identified included offenders' inability to appropriately manage stress in some cases and to manage emotions, like anger and grief, in other cases.

Education and Literacy - Lack of educational opportunities and literacy problems were also identified as predominant needs amongst the clients that the CPS referred to the agencies surveyed.

Isolation - Informants identified three consequences of the isolated lifestyle adopted by clients with whom they worked. First, by isolating themselves offenders were able to maintain an offending lifestyle without challenge. In the context of violent offending, one informant explained that "the secrecy and isolation of each male client allows them to maintain the beliefs that support inappropriate ways of expressing themselves as partners and as parents. We like to assess the level of isolation each client has and the secrets that they have maintained through this isolation. We are strong on changing people's belief patterns. We've found that the more secretive and isolated a man is the more violent he becomes."

Associated with this notion that isolation maintains offending behaviour, is the idea that it also precludes offenders from seeking networks of support people who would not only challenge anti-social behaviour, but who would also reinforce and encourage alternative pro-social attitudes and behaviours. As one informant explained:

A lot of men who come here don't see or understand how important it is to have a support network for themselves. These people have to be more than just friends. They have to support and challenge, not just agree with all that they say and do. They seem quite surprised when I raise that as an issue. We use genograms to help men to see who is significant amongst their relationships and what sort of communication occurs within these relationships.

A third issue that providers associated with isolation is that many times it occurs because clients have for considerable periods of time lost contact with their families and as a consequence of this have been denied the experience of family life. Some social services in the sample attempted to provide opportunities for offenders to experience a 'family-like' environment. One provider offered an example of such an opportunity:

A lot of them have never had close communication with their families and often the relationship between them broke down many years ago. Because we see this need we encourage the families of the house parents to come into the hostel and have meals with the guys so that it's not all males at the dinner table all the time. This kind of thing shows them what family life can be like and it encourages them to make it happen for themselves.

A particular theme associated with isolation from family support that emerged from providers delivering services from a Maori Kaupapa, was that the isolation needs amongst Maori offenders derived from their "experiences of childhood abandonment. Either they have been 'whangaied' which means that they have been fostered, or they've been given away. Many have never understood why they have been given away or handed around families and they are in pain because of this."

Identity – Providers stated that lack of identity was a need for many CPS clients, but their comments suggest that this was particularly significant amongst Maori. From a more general perspective informants observed that the "façade" adopted by some clients was their way of coping with the difficulties confronting them - a coping mechanism that they observed was a significant barrier to change: "One of the difficulties confronting our workers is to get them to drop the big front and be who they really are with us."

A more specific view, held by informants working with Maori was that loss of identity occurred when clients were divorced from their cultural heritage. One informant agency that employed a Maori counsellor to work with Maori clients commented on this issue:

A lot of them have lost their way. They lack a knowing of their identity ... their whakapapa. This starts from the home. They don't know their backgrounds ... know who they are. Our counsellor is very good in helping them to find themselves. A lot of them don't know their way through their tribal Iwi.

Those agencies working from a Maori value base believed they were in the best position to address loss of identity experienced by Maori offenders.

They have lost their identity ... their whakapapa. It is a kind of lack of knowing. They usually don't want other Maori to know about their lack of knowing, so I think Maori clients should not be given the choice about whether they go to a Maori or a Non-Maori service. A lot of them don't want to present at a Maori agency because of this ... it's the shame. The other thing is that they know that they can't fool us. We know the background and the families round here and so the clients can't groom us like they do with Pakeha.

Mental Health – Providers noted that mental health issues were also significant amongst clients referred by the CPS. Mental health issues identified included personality disorders, suicidal ideation and experiences of depression, anxiety and social phobia.

Physiological Needs - Basic survival needs were also identified as problems for offenders. In this category lack of adequate shelter and a lack of self care predominated. In relation to self care, providers maintained that many of their clients were unable to adequately cloth or feed themselves - "... they don't even know how to write a shopping list, let alone cook a meal."

Self-esteem - Providers defined esteem needs as those related to an individual's desire to have a positive self image, together with being appreciated and valued by others. In the context of this definition, providers noted that many offenders perceived themselves as neither loved nor lovable; and it was this self perception, they maintained that resulted in a loss of self esteem.

What we mostly find they need is a bit of Aroha and providing a whanau environment in which they are accepted. A lot of them haven't got that, and so what we do is bring them to a whole new perspective about themselves.

Many maintained that the lack of self-esteem experienced by offenders originated in childhood. Comments from two informants illustrate this point:

A lot of them have known, from the time they were very young that they were useless and hopeless. So those are the issues ... poor self esteem and the consequence of that is that they don't know how to trust because the trust got broken years ago. These are the issues that underpin what we look at outside the behaviour (addiction).

A lot of men accept that they received the bash because they were basically bad. We see major self esteem issues here.

12.3 The Question of Serving Eligible Clients

Arguably correctional programmes are more likely to achieve good results if eligible clients are served - that is, if offenders referred to provider programmes fall within the entry criteria set by the programme provider. In order to explore the extent to which CPS referrals to provider

services met the criteria for entry set by those provider services, providers were asked to describe their services’ criteria for entry, and then to estimate the percentage of client referrals that met such criteria.

Table 48: Presence of Entry Criteria Amongst Provider Services

Criteria for Entry Present	Provider Services (number)	Provider Services (percentage)
Yes	37	66.1
No	12	21.4
Unsure	7	12.5

Source: Survey data, 1998

Table 48 shows that two-thirds of providers in the sample had clear criteria for client entry into their programmes. Of those (21%) who reported no entry criteria half were Maatua Whangai providers and half were Community Programme Providers.

Identifying Criteria for Programme Entry - Of those in the sample who reported that their programme had clear criteria for entry, two such criteria were most commonly noted. First, providers stated that they looked for a *match* between the clients’ presenting needs, and the need(s) for which the provider service was designed. Second, providers noted that the level of the clients’ *treatment readiness* was a significant factor in their deciding whether an offender was eligible for programme entry. In this context, providers described treatment readiness in terms of clients’ recognition of the problem and their motivation for treatment.

Other entry criteria reported included those relating to age; ethnicity and first language (this was particularly relevant for Maori and Pacific Island services); intellectual ability and capacity to learn; and the offender’s status in the criminal justice system, for example, “those mandated to come to the programme do a lot better than those who choose to come.”

Exclusion Criteria - Providers identified a number of criteria with which to exclude offenders from programme entry. First, the offender’s primary presenting problem had to match the target problem which was addressed by providers’ programmes. For example, a number of providers excluded those with severe mental health issues, while others delivering “cognitively-based programmes” where “clients need to be able to think clearly and take on board new ways of doing things,” precluded client entry where the offender’s primary presenting problem was substance abuse.

Second, providers stated that they excluded offenders in situations where *access* was problematic. Here access was referred to in terms of physical access, or in terms of the offender being able to sufficiently access the content of the programmes delivered. In relation to physical access, difficulties experienced by offenders included transport problems; unavailability because of shift or seasonal employment; or, physical disabilities that precluded client access to the services' buildings. Factors noted by providers, that might precluded offenders from accessing the programmes' content, included intellectual and learning disabilities; hearing loss; and limited comprehension of the English language.

Third, providers stated that they excluded, mainly for safety reasons, offenders who had committed *certain offences*. These offences included child sex offences and serious violent offences committed by "instrumentally violent men, for example those who are members of gangs and who use extortion and violence as a deliberate choice as part of their lifestyle."

Fourth, providers also excluded offenders who either had *no motivation* for behavioural change, or who they perceived as likely to be *disruptive* during the course of an intervention. According to a number of providers there is a link between low levels of motivation and the potential for disruptive behaviour during treatment: "It's just not appropriate for those who are wanting to work, willing to learn, and willing to change, to have to mix with those who have no interest at all in making changes. They tend to sabotage the group process."

While many providers viewed poor motivation in terms of offender reticence to undertake treatment, some others stated that low motivation was a reflection of shame (particularly noted amongst Maori and Pacific Island offenders). One provider, who delivered services to Pacific Island peoples, explained how he identified this link:

Sometimes during assessment the client will ask to see another provider. I ask him where he wants to go. When they say, 'I want to see the Minister,' I know that they are very ashamed about disclosing family things to people in the community, but they are comfortable about seeing the Minister. The Minister thinks they are just trying to find loopholes to get out of doing the programme.

In general, providers appeared to go to considerable lengths to accommodate offenders' needs in either their agency, or another. For example, providers stated that in some cases they referred clients on to more appropriate service providers. In other cases, providers might vary their mode and style of service delivery - for example, delivering material in a counselling

rather than a group setting. In addition, while recognizing that some offenders had yet to reach the stage where they were ready to change, if given the opportunity, some stated that they used motivational techniques in the hope that such clients would, in the future, return to their service when they were ready for treatment.

Factors that Contribute to the Accuracy of Referring Eligible Clients – While a small number of CPS informants commented that providers accept referrals “even if they don’t meet their criteria for entry” and “regardless of whether the programme is suitable for the offender,” providers stated that in most cases offenders, referred by the CPS met their services’ criteria for entry. Only 8 (14.3%) providers commented that, at times they received inappropriate referrals – a situation which they believed resulted from a lack of consultation and “frank discussion about offenders between the parties during the assessment process.”

Ensuring that only eligible clients were served in the context of a contractual relationship where the assessment of client suitability for programmes and referral to such programmes resided with the purchaser required, according to providers, the use of a number of strategies. For example, providers observed that eligible clients were more likely to be referred, when CPS staff had a thorough knowledge of provider programmes; had received training about the provider programme’s criteria for entry; where Probation Officers incorporated their programmes’ objectives into client case plans; and, where clients were well prepared for treatment.

Both informant groups stated that they improved the chances of serving eligible clients, if provider programmes were marketed well (for example, through the distribution of pamphlets describing their programmes); when providers’ staff were clear about the need(s) targeted by their services and who they worked with best; when, in addition to the CPS’s assessment, providers undertook an assessment or a screening process “to cut out ineligible clients”; and, when they utilized written client contracts, which clearly outlined the providers’ expectations of clients referred for programme participation.

12.4 The Providers’ Assessment Procedures

The Context in which the Assessment undertaken by Providers takes Place - The service providers’ assessment of clients’ needs occurred in any one of a number of contexts and places during the intervention process. Informants were asked to describe how they assessed clients’

needs and the results showed that this process occurs in a variety of contexts and at various times throughout the intervention process.

Of the 56 providers interviewed 44 (78.6%) conducted some sort of assessment process. Of the 12 providers who did not conduct an assessment with offenders, all stated they did not do so because they were not paid for this service.

Table 49 shows the context within which assessment took place. Of the 44 providers who offered an assessment for clients 34 agencies provided that assessment within the context of an interview between the provider and the client prior to the intervention; 3 offered that service during the first session of a group intervention; and 7 provided pre-service (within the context of an interview), as well as ongoing assessments throughout the intervention.

Table 49: Context of Assessment in Provider Services

Context of Assessment	Provider Service (number)	Provider Service (percentage)
Interview	34	60.7
No Assessment Service	12	21.4
Pre-service Interview & On-going Assessment	7	12.5
Group Assessment	3	5.4

Source: Survey data, 1998

The Assessment Procedure - Within these varying contexts the assessment process can be either structured or unstructured, and the assessor can utilize measurement tools of varying levels of objectivity. For the purposes of presenting the results in this section, the following definitions should be borne in mind.

- An *unstructured interview* is defined as one conducted without an interview schedule. Although the interviewer gathers all the material that they perceive as relevant, such interviews are free-flowing with the direction and depth of each interview being determined by situational factors.
- A *structured interview* is defined as one conducted with an interview schedule containing predetermined questions or areas of interest. The interview is focused in that all the respondents have a common experience (offending behaviour) and the assessor’s task is to ascertain the effects of this experience for each individual assessed.

- A variety of *measurement tools* can be used by those undertaking client assessments. Examples include self-auditing questionnaires which could include dichotomous responses or scaled responses; various measurement scales such as those that measure attitude and behaviour; and psychometric instruments which have proven reliability and validity.

Providers described the assessment procedures routinely conducted within their services; and where measurement instruments were utilized they were asked to describe the types of tools used. The results of this inquiry are shown in Table 50.

Table 50: Assessment Procedures in Provider Services

Assessment Procedure	Informants' Response (number)	Informants' Response (percentage)
Unstructured Interview	14	25
Unstructured Interview & Further in Service Assessment using Measurement Scales	2	3.6
Unstructured Interview & Self-Auditing Behavioural Scale	11	19.6
Structured Interview using an Interview Schedule	10	17.9
Structured Interview using Measurement Scales	5	8.9
Unstructured Group Assessment & Self-Auditing Behavioural Scale	1	1.8
No Assessment	13	23.2

Source: Survey data, 1998

The predominant assessment procedure used by providers in this sample was the *unstructured interview*.

Because we are Maori addictions workers, we are also Maori healers. In the first instance we are simply getting in touch with the other person's wairua and a lot can be visible from that without any in-depth questioning. That's really where we get our direction from.

I guess I go through a process of empowerment to let the client realize that we are working towards a common goal of their becoming well. It's not for me to take over and make decisions on their behalf.

The second most commonly used assessment procedure adopted by the providers in the sample was a combination of an *unstructured interview* together with a *self-auditing behavioural scale*.

We have an unstructured interview in which we cover a number of things about the programme. Then we issue them with a behavioural checklist to take away with them to complete at home. The checklist includes a number of behaviours like 'call partner names', 'prevented her from having money for her own use' ... there's about 28 things to look at and space to make comment on the things that are not there. Beside each of the things listed are numbers one to three. One is that the behaviour occurred during the last six months; two is that the behaviour has not occurred for more than six months; and three is that they have never used the behaviour. We get them to bring it back the next session so that we can see what the picture looks like and then we present it to them.

Ten providers conducted the assessment procedure using a *structured interview* with an *interview schedule*: "We've got a comprehensive questionnaire that involves some sort of therapeutic process and there's got to be some sort of diagnosis come out of it as well as the development of treatment goals."

Like some of the other providers interviewed this informant described how the content of her agency's questionnaire mirrored that in the DSM1V. This was particularly the case when pre-service assessments focused on addiction and/or mental health issues. Some providers mentioned the alcohol and drug screening instruments used by their staff, including AUDIT, DAST and a cannabis screening instrument developed by John Hanafin. The only inventory specifically noted in relation to mental health issues was the Beck Depression Inventory.

As the results reflect there were few providers in this sample whose assessment procedure involved both a structured interview and the use of measurement instruments. One informant exemplified this type of assessment procedure:

For our initial interview we use a schedule. This is a social history interview that captures some information on drug history, a little bit on family history and the legal history. Then over the next four to six weeks we continue with a comprehensive group of assessments which includes a psychiatric assessment, a psychological assessment, an educational assessment and a reasonable battery of tests. We use AUDIT for the assessment of alcohol problems and the Beck Depression Inventory. So we'll have a psychiatric diagnosis for everyone within that six-week period.

Decisions About Criminogenic Needs - Clinical Versus Statistical Judgment - The present study examined the degree to which social service providers utilized objective, empirically based measures during their assessment of offender needs. Of the total sample 19 (33.9%) providers used some sort of objective measure during the assessment process. Such measures (behavioural and attitudinal scales and empirically tested psychometric instruments) however, varied in terms of their validity and reliability. Of the balance in the sample, 11 (20%)

providers did not undertake any form of assessment procedures with offenders while 24 (42.9%) relied on clinical judgment to assess offender needs. In sum, two thirds of providers in this sample rely on clinical judgment with which to identify such needs.

The Focus of the Assessment - To further explore this crucial area of offender management informant responses to questions concerning assessment procedures were examined to ascertain the primary foci of such assessment procedures.

The results showed that assessment processes focused on multiple areas of interest. For example, one provider's assessment focused on describing induction procedures and treatment readiness; another gained information about treatment readiness, the client's profile and behavioural and attitudinal factors; while another was concerned with the engagement process together with gaining information about the clients' criminogenic environment, their profile and behavioural factors. Table 51 shows the various foci noted by informants and the frequency with which they were mentioned.

Table 51: Areas of Interest in Provider Assessments

Areas of Interest	Frequency
Behavioural Factors	27
Treatment Readiness	24
Client Profile Information	19
Offence Patterning	9
Identification of Cognitive Skill Deficits	7
Criminogenic Environment	7
Treatment Planning	6
Risk	5
Attitudinal Factors	5
Induction Procedures	5
Engagement	3

Source: Survey data, 1998

Behavioural Factors - The most frequently noted area of interest within the assessment process concerned the providers' examination of the offenders' behavioural patterns. Two examples will suffice here. First, those providing alcohol and drug treatment gathered information about patterns of use including the frequency of use, the type of substances used and the place of use. Second, those providers delivering stopping violence services gathered

precise information about the type and frequency of violence and abuse used by each client assessed. Two provider responses illustrate the way in which the assessment might focus on behavioural issues:

I use a questionnaire to assess substance abuse. I ask about patterns of substance abuse and drinking; the sort of alcohol and the frequency of drinking; their drug of choice; the method and place of drinking; their associates when drinking; whether or not they binge drink; the effects of the abuse on themselves ... health problems like blackouts, memory loss and accidents while intoxicated ... then I look at the family history associated with abuse ... whether they have any personality changes that lead to violent behaviour or self-destruction... how it effects their family relationships, their work situation, their cultural awareness - that is, from our culture's perception their awareness of the effects of their behaviour on others and how they think others see them.

We do quite a comprehensive assessment about the violence each man actually uses. We use the Deluse Power and Control wheel to get them to self assess the actual areas where their violence has been.

Treatment Readiness - The two indices of treatment readiness noted by informants were problem recognition and a willingness to accept responsibility for their offending behaviour; and, level of motivation: "We try to see whether the person acknowledges that their behaviour has caused a huge amount of upset; whether they are remorseful and whether they are motivated to work on their difficulties."

Client Profile Information - A considerable number of the providers surveyed gathered information with which to establish individual and agency client profiles. These profiles included a rich source of information such as demographic data, social histories and circumstances, educational and employment histories, family relationships and histories and that associated with physical and mental health.

Offence Patterning - Some providers focused part of their assessment on the clients' history of offending and gathered details about the offending behaviour that resulted in their referral to the service.

Cognitive Skill Deficits - Another focus of assessment for some providers concerned an examination of offenders' thinking strategies. There were two main categories that were particularly noted. The first involved those strategies used to cope with negative emotions, commonly referred to as defense mechanisms. Here the person unconsciously changes the

way they think about situations in order to cope. According to providers denial, minimization and rationalization were the two most common strategies used by offenders during an assessment.

The second category associated with many offenders' cognitions and noted by providers during assessment, concerned their awareness of a developmental delay in those cognitive skills which are necessary for social adaptation.

Examples noted by providers included;

- a tendency to act *impulsively* - that is, a failure to consider the consequences of their actions either before or after they act;
- a tendency to externalize - that is their belief that they are powerless to control what happens to them and because of this they adopt the *victim stance*;
- a tendency to think in concrete terms - that is they lack abstract reasoning and as a consequence of this are unable to consider the thoughts and feelings of others. They are unable to express *empathy*;
- a failure to use inter-personal problem-solving skills and as a result of this fail to consider the *consequences of their behaviour on others*;
- a tendency to see the world only from their own perspective. Because of this they do not consider the thoughts and feelings of others and often show little or no *remorse* for their offending; and,
- they tend to possess self-centered *values* or adopt anti-social *belief* systems.

Criminogenic Environment - The offenders' criminogenic environment was also considered by some providers during assessment. Although the negative influence of anti-social associates in the present was noted, a more commonly explored influence was that exerted by the offender's family during childhood.

Planning - A few providers commented that the assessment process involved an aspect of planning. In some cases this involved the development of treatment plans, encouraging the offender to set goals for themselves - the achievement of which was likely to reduce the clients' criminal behaviour. In other cases this orientation towards planning involved the development of safety plans which aimed to impede relapse.

Risk – Providers viewed the concept of risk in terms of the safety of others – “other residents and staff,” “children,” “partners” and “the wider community” - or the safety of the client in terms of “risk of suicide;” or “men who are sex offenders or gay ...we don’t want a room full of victims.” Only one provider commented on the potential ‘dangerousness’ of clients - a factor that was measured using a “one to five” scale. Here the focus was on ensuring the safety of significant others.

Attitude – Some providers assessed offender attitudes through the use of checklists.

Induction Procedures - 5 providers included induction procedures within the assessment interview. Such induction procedures included providing information about the programme, including any costs that might be incurred; informing clients about their roles and responsibilities whilst attending the programme and in some cases this required the client to sign a contract; clarifying the programme’s rules; and, providing information about clients’ rights, including procedures for laying complaints.

Engagement - Engagement during the assessment interview seemed to focus on gaining a commitment from the clients to fully participate in the service to which they have been referred. At times this commitment was sealed with a contract between the parties.

Chapter 13: Matters of Economy And Efficiency

Although there are numerous ambiguities, understandings and measurement difficulties associated with the sub-elements of performance – economy, efficiency and effectiveness (noted in chapter 4 and reflected in the findings of the following two chapters); they are, for the most part, expressed in terms of inputs, outputs and outcomes. The notion of productive efficiency predominates throughout chapter 13 and using the available data this is expressed in terms of outputs (volume of service) divided by inputs (a dollar value). In chapter 14 effectiveness is examined in terms of final outputs – the level of programme completion (see page 97 for a definition) and intermediate outcomes – clients’ functional status upon service completion (see page 95 for a definition).

13.1 Indicators of Economy

Table 52 shows the one indicator of economy noted by informants at interview.

Table 52: Indicators of Economy Noted by Informants

Indicators	CPS Informants	Providers
Cost / Unit of Service	8 (27%)	25 (45%)
No Comment	22 (73%)	31 (55%)

Source: Survey data, 1998

Informants stated that the most important indicator of economy for them was the cost of each unit of service. CPS informants were particularly interested in rendering maximum levels of service for minimal costs. For example, they stated that they “compared costs” per unit of service “across providers of similar kind” and there appeared to be “a reasonable consensus” across all Areas about what constituted “a reasonable rate for a unit of service.” Informants agreed that a reasonable rate was “\$60 - \$65 per hour,” although there were some provisos to this. For example, when considering cost they also took into account factors like payments in kind (“trading the use of a building”) in lieu of payments for service; and where services were required in more isolated geographical areas, a reasonable cost may be somewhat more than that noted above.

While CPS informants stated that they endeavoured to purchase services at an economical rate, these efforts were, at times, thwarted by interference from Head Office: “They over-ride the negotiated cost so that we end up paying more than we would originally.”

25 (44.6%) service providers in the sample calculated the cost of each unit of service delivered to CPS clients. Such unit costs varied amongst the services surveyed. For example, a service unit was variously defined as a group, the management of each case, or per diem.⁹⁹

Furthermore, a few providers quoted unit costs on the basis of client contact time only, while others' costs included client contact time and support activities, such as time taken for preparation, debriefing and supervision. For a number of reasons the costs associated with offender contact time were less frequently calculated compared to that calculated for delivery time plus overheads. These reasons included;

- difficulties keeping track of actual time spent with offenders, when such clients received a variety of services (either service type, for example, alcohol and drug, violence prevention and budgeting services; or, the various forms of delivery, for example, counselling, group and work-based interventions) from one provider;
- difficulties separating out formal and informal client contact. This was particularly reported by providers delivering residential services; providers who offered both a 'formal' programme, as well as services delivered on a voluntary basis; and providers whose staff were employed on a permanent basis and who received a salary, as opposed to those services that utilized contracted staff for specific activities;
- situations where data collection was not a valued activity; and,
- difficulties when the purchaser's offer of payment was somewhat less than that quoted by the provider resulting in actual delivery costs being covered by this payment in conjunction with either funds derived from alternative sources, or in conjunction with voluntary service provision.

Another confounding factor associated with collecting information to inform economic questions was that 13 (23.2%) providers in the sample used a master budgeting system of cost accounting. Using this system, providers estimated the total annual cost of running their agency, including costs associated with staff, administration, overheads, facilities and materials, and then aggregated the income from various sources to cover this overall agency budget. In this situation the goal was to balance income against costs, rather than calculating costs against client output or outcome measures. Providers reported that in these situations they calculated

⁹⁹ Four (31%) 'Contract Managers' were concerned that their Service's definition of a unit of service "lacked clarity and consistency" and therefore was "not measurable". For example, a unit of service was variously defined as "placements, programmes and people." These variable interpretations of a unit of service precluded any "cost-benefit or cost-effectiveness analysis."

the overall service budget and then apportioned that budget according to the numbers of clients referred by particular funding agencies.

13.2 Indicators of Efficiency

Table 53 shows that while many providers favoured measuring programmatic efficiency, especially that related to staff hours required for each unit of service delivered, CPS informants were more interested in measures of administrative efficiency. For example, they noted that providers’ use of internal control procedures, particularly those related to recording income and expenditure, and their timely receipt of monitoring information “reflect in our minds how efficient they are.”

Table 53: Indicators of Efficiency Noted by Informants

Indicators	CPS Informants	Providers
Direct vs Indirect Costs	4 (13%)	25 (45%)
Organizational Ability	14 (47%)	-
No Comment	11 (37%)	31 (55%)

Source: Survey data, 1998

Another salient indicator of efficiency for CPS informants concerned their analysis of the relative rates of indirect versus direct costs associated with the services they contracted, and their preference for only paying for direct service delivery.

13.3 Data to Inform Economy and Efficiency - An Examination of the Secondary Data

The contracts for service and the Quarterly Reports for the financial year 1997/98 were examined to gather information about the units and costs of service delivered to offenders by the providers in the sample. If, for example, the purchaser’s area of interest was ‘effort’ - how much service was being used to achieve the desired results - then information about the amount of time or units of service would be required. Alternatively, if the purchaser’s area of interest was ‘economy,’ then information would be required about the cost of each unit of service delivered.

Here results are categorized by programme type (alcohol and drug; sex offender programmes; budgeting programmes; driving programmes; and, stopping violence services). Note that providers are numbered to retain anonymity and a cross (x) denotes that information was

absent from the service contracts and the Quarterly Reports. Secondary data were not available for 6 provider services in the sample; and, where only 1 provider in the sample delivered a programme of a particular type (for example, sex offender treatment programmes) other provider records present in the secondary data, were included for the purposes of comparison.

Non-Residential Alcohol and Drug Services for Offenders - There were 9 non-residential alcohol and drug services in the sample of providers interviewed. Information about the units of service and costs of service were available for 8 (88.9%) of the those in the sample. These services were either delivered in a group setting or in a one-to-one counselling setting.

In relation to the counselling services there was no indication in the records concerning either a minimum or maximum number of counselling sessions and therefore it may be assumed that the length of such services are determined by the needs of the individuals presenting for service. Table 54 shows that costs per session vary from \$30 per session to just over \$50 per session. If we assume that all services met the programme standards required by the CPS, then some services appear more economic than others.

Table 54: Non-Residential Alcohol & Drug Services – Units of Service & Costs

Provider	Length of Service	Cost of Service
<i>Counselling</i>		
1	6 hours per client	\$30 per session
2	X	\$30 per session
3	X	\$51.75 per session
4	X	\$50 per session
<i>Group</i>		
5	1.5 hours per week	\$2500 per group
6	16 hours	\$22.50 per place
7	X	\$1200 per group
8	X	\$255 / person / programme

Source: Secondary data, 1997/98

Of those alcohol and drug services delivered in a group setting information about the length of the group programmes, in either weeks or hours of service, was mostly absent. Therefore, a comparison of costs across programmes was not possible.

Residential Programmes for Offenders - In all there were 9 residential programmes in the provider sample. 5 were therapeutic communities, 3 were described as residential services for substance dependent individuals, and 1 was principally a work-based programme.

Table 55: Residential Services - Units of Service and Costs

Provider	Length of Service	Cost of Service
9	X	\$10 per night
10	X	\$10 per night
11	X	\$735 per place
12	X	\$700 per place
13	X	\$11.99 per place
14	X	\$16.75 per night
15	X	x
16	X	\$20.81 per night
17	X	\$17409 per place

Source: Secondary data, 1997/98

Table 55 shows that the records did not show the length of these programmes - presumably length of service being determined by individual offender needs. Varying payment arrangements across the Service’s Areas (per night; per placement etc.) also limited the extent of the comparative analysis with which to determine whether purchases were economical or otherwise. Where information was available, comparative costs across the different therapeutic communities appear similar. The information also showed that payments to residential services tended to be more expensive than those made to providers operating therapeutic communities.

Sex Offender Programmes - Although there was only one sex offender programme in the sample, records provided information about two other such programmes in other Areas. These programmes were included in Table 56 simply as a comparison for the one in the sample.

Although the programmes’ lengths were somewhat different, when adjustments were made for length, the service sampled for the research project proved to be slightly more expensive than the comparison programmes, and therefore less economical.

Table 56: Sex Offender Programmes – Units of Service and Costs

Provider	Length of Service	Cost of Service
18	24 months	\$3600 per prog.
19	18 months	\$2470.58 per prog.
20	X	\$2400 per prog.

Source: Secondary data, 1997/98

Budgeting Services for Offenders - Since only one budgeting service for offenders was present in the sample, information about another such services was taken from the records for the purposes of comparison. Table 57 shows that no information was available concerning maximum or minimum units of service per offender and therefore it is assumed that services were delivered at a rate to meet individual needs. Comparing the hourly rates charged, the service in the sample appeared slightly less economical than the comparison service.

Table 57: Budgeting Services for Offenders - Units of Service and Costs

Provider	Length of Service	Cost of Service
21	X	\$18.80 per session
22	X	\$15.00 per session

Source: Secondary data, 1997/98

Driving Programmes for Offenders - There were two driving programmes purchased for offenders in the sample. A comparison across these services was not possible, since information about service costs was not available in the records for one of the services.

Table 58: Driving Programmes - Units of Service and Costs

Provider	Length of Service	Cost of Service
23	25 hours	\$525 per group place
24	28 hours	X

Source: Secondary data, 1997/98

Table 59: Stopping Violence Services for Offenders - Units of Service and Costs

Provider	Length of Service	Cost of Service
<i>Group</i>		
25	24 hours	\$607.50 per place
26		\$599.40
27	28 hours	\$1330.19
28	52 hours	\$47.25 per session
29		\$1440
30		\$900
31		\$34 per place
32	12.5 hours plus weekend	\$600
33	32 hours	\$582.50
34		\$61.87 per hour
35	44 hours	\$2450
36	32 hours	\$1300
37		\$1000
38		\$510
39		\$690 per programme
40	31.5 hours	\$22.13 per hour
41	30 hours	\$19.68 per hour
42		\$1394
43	30 hours	\$30 per session
44		\$9.09 per hour
45	50 hours	\$33 per session
46	8 weeks plus weekend	\$1245
47	48 hours	
48	40 hours	\$570
<i>Counselling</i>		
49		\$48 per session
50		\$75.60

Source: Secondary data, 1997/98

Stopping Violence Services for Offenders – Table 59 shows that there were 25 Stopping Violence programmes in the sample. Information was available for almost all of these programmes, however such information was incomplete. For example, information about programme length was recorded for 15 (60%) of these programmes and in two instances services included a live-in weekend as part of the programme. Here the time on actual service delivery was not specified.

While cost information was more complete (only 2 programmes where the cost was not specified) another confounding factor emerged. This factor was that some units of service were defined as hours, some as places and others as sessions. Again this lack of consistency made a comparative evaluation of the costs across services difficult. However, with 8 (32%) of the programmes there was sufficient information about hours of service and cost per client per programme with which to undertake a somewhat limited evaluation of comparative costs across the Areas. A comparison of this nature showed considerable variation across services, ranging from the most economical at \$14.25 an hour to the most expensive service charging \$55.68 per hour per client. Of these 8 the average cost was \$30.38.

13.4 Productive Efficiency and Restricted Funding

With the knowledge that the Community Programme and Maatua Whangai Programme Funds were capped, CPS informants acknowledged that their Service had imposed criteria with which to select a portion of the offender population who were eligible to participate in indirectly-provided services. Three criteria established the target population – offenders subject to conditions of sentence that directed them to attend programmes; and who were classified as high risk of re-offending; and whose identified needs strongly correlated with and underpinned offending behaviour.

While most CPS and provider informants stated that they had no objective information with which to judge whether accurate levels of indirect service were purchased to meet the demand for service by the target population, they were able to offer an opinion about such matters at interview. Table 60 compares the perceived levels of service demand presented by the informant groups with that noted in the secondary data, while Table 61 illustrates the number of Areas reporting excess service demand and the types of need that such services would address.

Table 60: Service Demand against Purchased Units of Service – Informants’ Views

Placements Purchased	Demand Accurate	Demand Exceeded	Demand Less	Demand Varies	Unknown
Purchaser’s Response	-	43.8% (7)	6.3% (1)	25% (4)	25% (4)
Providers’ Response	14.3% (8)	42.9% (24)	30.4% (17)	3.6% (2)	8.9% (5)
Secondary Data *		14%	30%	-	-

Source: Survey data, 1998 and Secondary data* (Area Managers’ Quarterly Reports) 1997/98

Table 60 shows that both informant groups believed that in about two-fifths of instances the demand for services outweighed that noted in the 1997-98 contracts. In contrast, the secondary data indicated that 14% of the providers experienced a greater demand for their services than the units of service purchased under contract. With respect to situations where the demand for service was less than anticipated the findings show that the providers’ views were aligned with that reported in the secondary data, while only 1 CPS informant perceived this to be an issue.

Table 61: Types of Criminogenic Needs and Excess Demand

Type of Offence-Related Need	Areas where offence-related need not addressed (number)	Areas where offence-related need not addressed (%)
Substance Abuse	6	37.5
Sexual Offending	3	18.<
Drink/Drive	4	25
Cognitive Skills	5	31.3
Anger /violence	1	6.3

Source: Survey data, 1998

In order to substantiate the informants’ perceptions obtained via the survey method, the CPS’s organizational records were examined – in particular, the Area Managers’ and the Programme Providers’ Quarterly Reports.

During the 1997/98 financial year 15 of the 16 CPS Areas submitted quarterly reports that included data relating to units of service purchased and utilized. Appended to these 15 Area Managers’ Quarterly Reports were 68 Programme Providers Quarterly Reports - that is, 49.6% (68 of the 137 providers) of the reports from providers whose services were purchased by the CPS during the 1997/98 financial year. Of these 68 Programme Provider Quarterly

Reports 31 (45.6%) contained either inconsistent data relating to units of service (the definition of the unit of service changed during the year - for example, a unit of service was defined as a group during one quarterly period and as an hourly rate during other quarterly periods);¹⁰⁰ or, incomplete data (reports on units of service for some quarters but not others).¹⁰¹

In light of this incomplete and inconsistent data relating to units of service purchased and utilized, it might be concluded that there would be difficulties reconciling the two to ascertain information about the accuracy of the ratio between supply and demand - a measure of the efficiency. With this measure of performance in mind the data was analyzed to ascertain the percentage of service units used in relation to that planned at the commencement of the financial year. Note that for the sake of consistency only those providers sampled for this research project were included in this analysis. The following tables reflect the degree of efficiency attained by comparing the planned units of service (estimated against the needs assessment data and other decision-making factors) and those actually utilized by the end of the financial year.

Table 62: Non – Residential Alcohol and Drug Programmes – Planned Purchase- of – Service Units Against Service Utilization During the 1997/98 Year

Agency by Number	Planned Service Units Required	Actual Service Units Utilized	Efficiency (%)
COUNSELLING			
1	354	173*	
2	510	454.75*	
3	355	66	18.6
4	no data	no data	
GROUP			
5	4	4	100
6	623	623	100
7	24	29*	
8	no data	no data	
9	no data	no data	

Source: Secondary data, 1997/98

* The star indicates incomplete data with which to estimate efficiencies.

¹⁰⁰ There were probably a number of reasons for changing the definition of a unit of service. In one quarterly report for instance the Area Manager explained the change as resulting from a wish to more accurately define levels of offender compliance with treatment. For example, the Area found that offenders attending programmes of lengthy duration skewed the figures recording completion rates. By standardizing the unit of service across all programmes to 'hours', cross-service comparisons were facilitated.

¹⁰¹ Again the reasons for incomplete data were probably numerous. Two explanations encompassed in the quarterly reports were services ceasing operation and providers refusing to supply quarterly reports.

Table 62 shows that of the 9 non-residential alcohol and drug services in the sample 6 (67%) had incomplete or no data - a situation which precluded an analysis of purchasing efficiency. Of the balance 2 (22%) services were utilized as planned and 1 (11%) was under-utilized.

Table 63: Residential Services - Planned Purchase-of-Service Units against Service Utilization During the 1997/98 Year

Agency by Number	Planned Units Required	Actual Units Utilized	Efficiency (%)
10	1356	1356	100
11	2500	2500	100
12	88	15*	
13	60	13*	
14	2920	2191	75
15	1947	1541.75	79.2
16	4	4	100
17	200	211	105.5
18	11	8	72.7

Source: Secondary data, 1997/98

* The star indicates incomplete data.

Of the 9 residential programmes in the sample, 2 (22.2%) had incomplete data. In 3 (33.3%) cases the service units planned equaled those utilized. For 1 provider more units were used than planned and the rest (33.3%) were under-utilized.

For the one sex offender service in the sample, it was found that the efficiency rate was 140% (15 units of service purchased and 21 units of service actually utilized during the 1997/98 financial year) – that is, more units of service were used than that purchased.

With respect to the one budgeting service in the sample, the results showed that the efficiency rate was 115.9% (580 units of service purchased and 672 units of service actually utilized during the 1997/98 financial year) – that is, more units of service were used than that planned.

Table 64: Driving Programmes(for Offenders - Planned Purchase-of-Service Units against Service Utilization During the 1997/98 Year

Service by Number	Planned Service Units Required	Actual Service Units Utilized	Efficiency (%)
21	20	10	50
22	*	*	

Source: Secondary data, 1997/98

* The star indicates incomplete data.

Table 64 shows that of the 2 Driving Programmes purchased for offenders in the sample one had no reporting data available and the other was under-utilized.

Table 65: Mixed Services - Planned Purchase of Service Units Against Service Utilization During the 1997/98 Year

Service by Number	Planned Service Units Required	Actual Units of Service Utilized	Efficiency (%)
23	380	664	122.5
24	80	64	80
25-31	no data		

Source: Secondary data, 1997/98

Table 65 shows that data with which to examine the utilization of service units planned and utilized was only available for 2 (22.2%) of the 9 providers who delivered mixed services. Of these 2, 1 service used more units of service than anticipated and the other service was under-utilized.

Table 66 shows that complete data about units of service was available for 11 (44%) of the 25 services delivering stopping violence programmes to offenders. The results show that in 3 (12%) cases the planned units of service equaled those used. For another 3 (12%) services more units of service were used than the number planned; and in 5 (20%) cases the number of planned units of service was under utilized.

Table 66: Stopping Violence Services - Planned Purchase of Service Units Against Service Utilization During the 1997/98 Year

Service by Number	Planned Service Units Required	Actual Service Units Utilized	Efficiency (%)
GROUP			
32	60	66*	
33	20	23.3	117.5
34	7	4.25	60.7
35	960	850	88.5
36	298	118*	
37	56	86*	
38	96	5*	
39	40	40	100
40	*	*	
41	3	3*	
42	20	20	100
43	5	5	100
44	20	*	
45	134	*	
46	792	643.5	81.25
47	861	899.75	104.5
48	*	*	
49	*	*	
50	*	*	
51	*	*	
52	10	8	80
53	18	30	166.6
54			
55	344	290	84.3
56	353	245*	

Source: Secondary data, 1997/98

To ascertain the overall efficiency of CPS’s strategy for purchasing service units the findings were placed into four categories - instances of incomplete or absence of data; instances where the planned units of service equaled with those used; instances where the planned units of service were under-utilized; and, instances where the demand for units of service was greater than that planned. Table 67 summarizes these results.

Table 67: A Summary of the Degree of Efficiency in Relation to Purchasing Service Units for Offenders

Utilization of Planned Units of Service Purchased	Services in Sample (number)	Services in Sample (percentage)
Accurate	8	14
Greater Demand	7	12.5
Less Demand	11	19.6
Incomplete data	18	32
No data	12	21.4
Total Services	56	100

Source: Secondary data, 1997/98

As the information in Table 67 shows data was incomplete for about half of the services surveyed. Hence the results should be viewed with caution. What is significant is the small percentage of cases where the purchased units of service equal that used. When this number is added to those cases where the demand was greater than that planned it can be concluded that the CPS’s purchasing strategy was efficient in 27% of instances under examination. While this is but an indication of the degree of efficiency of this purchasing strategy, the results suggest that some improvement would be desirable.

Factors Impacting on Productive Efficiency

Informants identified a range of factors both within and outside their control, which impacted on their estimation of the ratio between the supply of and demand for indirect services.

Disaggregation – CPS informants reflected that the separation of functions – namely Head Office and Area – inherent in their Service’s model of purchasing services, would ideally enhance the objectivity and accuracy of the estimates concerning the supply and demand for services. Yet about a quarter of those informants believed that their Head Office’s method of allocating funds on the basis “of averaging crime profiles across Areas” precluded their ability to purchase adequate levels of service in Areas “where the crime profile was high.”

Access by Non-eligible Clients – Informants stated that a number of factors gave rise to ineligible clients accessing indirect services. First, CPS informants believed that the assessment instrument (Appendix 3) utilized by the Service failed to adequately differentiate

between offenders and classify them in the correct category of risk of re-offending. Second, CPS informants stated their Service's assessment of need (Appendix 3) lacked sufficient specificity with which to correlate identified needs with offending behaviour. For example, "it is one thing to identify that a client has a substance abuse problem, but the question of whether this is actually a contributing factor to offending behaviour as opposed to being a consequence of an offending lifestyle remains unclear." Third, CPS informants commented that their staff's clinical judgement sometimes resulted in offenders, other than the target group being referred to receive indirect services. For example, some stated that "Probation Officers ignore the results of the objective tools and fudge the connection between the reason for the referral to a programme and the need to stop offending patterns and behaviours." Others reported that Probation Officers referred offenders to "placements in provider programmes who are at low levels of risk and need." Fourth, CPS informants observed that the CPS administered a percentage of sanctions which inappropriately directed offenders to attend intensive intervention programmes. They argued that in these circumstances the Court refrained from utilizing the CPS's assessment services and sentenced offenders to undertake programmatic conditions to address "court-identified" offender needs that were peripheral to rather than central to offending behaviour, and that such offenders accessed service placements from which they were unlikely to benefit.

Inadequate Marketing – While the initial assessment of client demand for indirect services indicated a high need for such services and numbers of service units were contracted on the basis of that indication, both providers and CPS informants reported few referrals. Both informant groups suggested that this situation could be remedied if key stakeholders' (Probation Officers and Courts) cognizance of programme availability was raised through marketing strategies: "We need to keep them in front of them all the time."

We need to get our Probation Officers to be more aware of the programmes that are available and actively refer clients to these programmes. I find that we are often supporting programmes financially, but the units of service are not being used because the Probation Officers let them (provider services) drop out of their sight. They tend to go off on other tangents with clients. We had an anger management programme here that received no client referrals for about ten months.

Perception of Credibility – A fifth of CPS informants stated that although the demand for services indicated by the needs assessment was accurate, referrals to some services were less than expected because Probation Officers believed that the "agency lacked credibility."

Services for Maori – Maori service providers stated that the supply of services for Maori offenders was inadequate. First, they observed a lack of alignment between the level of Maori offending and the amount of services purchased for this client group: “We do not receive anywhere near what Pakeha agencies get” and “those responsible for the funding processes are racist.”

Second, while informants stated that ‘by Maori for Maori’ services were desirable, in some areas Iwi Authorities were experiencing burgeoning demands on their resources. Moreover, many lacked sufficient additional resources to meet the growing demand for services by Maori offenders. As a result of this situation, informants reported that their staff had had to refer Maori offenders to alternative programmes - programmes that they believed were somewhat less responsive to the needs of this group.

Joined-up Government – The issue of public organizations adopting joint approaches to addressing social problems also impacted on the supply of and demand for indirect services. First, informants thought that the priorities and policies of organizations set up to coordinate the activities of various public sector agencies, influenced the supply of non-government sector services. For example, organizations such as Strengthening Families and Safer Community Councils, had in their view, directed resources to services addressing family violence. This enhancement of resources increased the availability of such services to the CPS’s clients. In sum, informants believed that “if we want the services to be available to offenders, then we have to work beyond our organization to ensure that the resources supporting the policies of these bodies are channeled to meet the needs of our client group.”

Second, informants stated that the activities of other Government departments’ impacted on the supply and demand for indirect services. For example, the introduction of adult diversion schemes; the Police’s compulsory arrest policy for those charged with violent and sexual offending (following which many perpetrators are directed to attend programmes by the Family Court); and, the reduction in the staffing levels of front-line Police (led to a decreasing rates of crime detection); are all factors which were perceived as decreasing the level of Court-imposed rehabilitative sentences, and therefore the demand for services by CPS’s target group.

At other times however, such activities increased the demand for indirect services. For example, CPS informants maintained that the perceived inefficiencies inherent in the

administration of the Children, Young Persons and their Families Act, had resulted in an increase in numbers of young offenders entering the jurisdiction of the District Court. They stated that resource restrictions within Child, Youth and Family precluded access by young people to rehabilitative services recommended by family group conferences. As a consequence the offending behaviour of young offenders was, in many cases, not addressed; they continued to offend and eventually entered the jurisdiction of the District Court where rehabilitative sanctions were frequently imposed with conditions to attend programmes and services. Hence CPS informants had noted an increasing demand for services specifically designed for youth.

Activities of other Government departments could also impact on the supply of indirect services for offenders. For example, providers, particularly those delivering alcohol and drug services, were receiving “mixed messages” from the Health and Justice sectors concerning the locus of responsibility for funding services delivered to those subject to court-imposed orders to attend indirect services. Examples were described where CPS staff referred clients for substance abuse treatment on the understanding that the HFA would meet the costs. Contrary to this understanding, the HFA had informed providers that the responsibility for payment rested with Justice. As a result of this confusion some offenders were denied access to interventions delivered by non-government agencies.

Another example, offered by informants, of the impact of poor inter-departmental cooperation and communication on the supply of indirect services, concerned situations in which provider agencies received funding from multiple sources. An informant illustrated the way in which the supply of services was cut in the context of a multi-funded situation.

Multi-funding means that we have this relationship with other funding organizations, but we don't necessarily talk to each other ... know what they are thinking, or what their policies are. Often it's quite late in the piece when we find out that they have pulled the plug for some reason, and we don't know if providers are no longer funded because other funding agencies have had their budgets further restricted; or, whether their assessment of community needs has changed; or, whether the provider has failed to meet accountability requirements ... we are left in the lurch with no services for our clients because the agency has folded.

Government Ideology – Government ideology, policies and legislative changes, all impacted on the supply of non-government services for offenders. CPS informants stated that Government ideology concerning direct or indirect service provision and the Government's notion of social responsibility (which encouraged external providers to take responsibility for

meeting the needs of their communities), not only guided their operational policy in this area, but also the appropriation awarded by Treasury for purchasing agencies. This, in turn, they maintained effected the number of units of service purchased from the non-government sector. In addition, the Government's perception of client need and prioritization of services impacted on the supply of services for offenders. For example, the shrinking availability of rural and youth services had adversely affected the CPS's ability to meet the needs of certain subgroups of the target population. From their perspective some providers criticized the trend of supplying services that were designed to meet client needs as defined by Government. Instead they believed that their services should be delivered at a level with which to meet clients' needs as defined by the client or the community.

Community Views – CPS informants stated that the community's acceptance or rejection of the rehabilitative approach to offender management impacted on the supply of non-government sector services. This acceptance or otherwise effected the availability of non-government sector services in two ways. First, many non-government sector organizations depended on fund raising activities within the community for their survival. If the community rejected the rehabilitative ideal for offenders, then such fund-raising activities were less than successful in securing the additional resources required to supplement provider incomes. The upshot of this situation, they commented was at best a restriction on the level of services provided by the non-government sector, and at worst led to their demise. Second, if the non-government sector was influenced by the wider community's rejection of the rehabilitative philosophy for offenders, then they were less willing to design and supply services underpinned by this philosophical position. Hence the supply of services available for purchase by the CPS would be minimized.

Providers also were aware of the influence of the community's views on the viability of their services. For example, they reported that an increased awareness amongst members of the community about the extent of the problems addressed by their services; as well as the positive impact such services had had on former clients, were two external factors that had positively impacted on their ability to supply services. Such factors, they reported, led to further benefits for provider agencies. Examples of such benefits included "increased resources to address the problems, as a result of the community exerting pressure on politicians;" an increase in the number of referrals to services; and, an extension of their services in response to community requests for the development and delivery of new programmes.

Strategies to Counter Situations when the Demand Exceeds the Supply

Providers and CPS informants reflected that managing within the confines of a capped supply of services did, at times, lead to less than optimal results. They reported examples of mismatches between offenders' profiles and needs and appropriate programmes; and, situations where offenders were "unable to access programmes at all." Providers thought that this situation might not only have negative consequences for the individual, but also the safety of the wider community.

Where the demand exceeds what we can supply through the Community Programme fund ... then we deliver the programmes ourselves; or recommend that clients go to programmes that are not entirely appropriate; or, worse still people end up in prison because we can't offer a programme.

Area Managers stated that they attempted to manage the "excess demand/limited supply" situation in two principal ways. First, they brokered offenders to "other publicly-provided and resourced services."

What we have done is develop a matrix which includes all publicly provided services, how we can access them and what financial contributions each government sector will provide. This way we can link offenders into services that don't cost us anything.

Second, in limited situations, where government agencies have clients in common, informants revealed that they economized on the cost of a service by ensuring that the other agency took responsibility for referring the offender to the service. For example, CPS clients who are subject to sentencing conditions, imposed by the Criminal Court, to attend a stopping violence service, might also be ordered by the Family Court to attend the same service. In these cases "our clients go to the programme which is paid for by the Family Court and we use our Service's place on the programme for another client."

Chapter 14: Matters of Effectiveness

14.1 Indicators of Effectiveness

When asked to consider the indicators of effectiveness that they would value within their Service’s contract monitoring system, CPS informants listed rates of recidivism, level of client change, level of client satisfaction and cost-effectiveness. Table 68 shows the number and percentage of times informants noted these indicators.

Table 68: Indicators of Effectiveness – CPS Informants’ Views

Effectiveness Indicator	Area Manager Identification	‘Contract Manager’ Identification
Post-treatment Recidivism Rates	6 (43%)	6 (38%)
Level of Client Change	9 (64%)	4 (25%)
Level of Client Satisfaction	5 (36%)	6 (38%)
Cost-effectiveness	1 (7%)	-
Unknown	2 (14%)	3 (19%)

Source: Survey data, 1998
Note – some informants suggested multiple indicators of effectiveness.

In terms of measuring *ultimate outcomes*, 12 CPS informants suggested that the Service should use a range of recidivism measures, including those related to the frequency, seriousness and type of subsequent offence, and adopt comparative research designs to evaluate effectiveness.

The effectiveness of programmes should be assessed on the degree to which clients offend in ways that directly relate to the programme type.

We could take two programmes of a similar nature, like stopping violence, and randomly assign offenders to these programmes, and then look at the rates of recidivism after twelve months.

Of data concerning intermediate outcomes, CPS informants suggested using indicators that measured the offender’s behavioural and attitudinal functioning at programme completion.

Of client satisfaction as an indicator of effectiveness, CPS informants preferred the content of such surveys to be “concerned with a self-evaluation of what changes they thought they had

made” as well as “what the client thought of the organization ...and comments about the facilitators.”

The last indicator of effectiveness noted by 1 informant centered on the cost-effectiveness of programmes purchased – the costs being quantified in monetary values and the benefits expressed in terms of substantive outcomes.

14.2 Integrity and Responsiveness of Delivery

While only 1 provider noted that monitoring should be concerned with assessing the integrity with which contracted services were delivered, all CPS informants commented that this was an essential component of assessing the results of service provision. Yet despite this view, they stated that checking the integrity of contracted services via provider-composed Quarterly Reports had limited value and moreover such reports did not provide them with information about the degree to which such services were responsive to offenders: “There is no reality check to see whether the agencies carry out what they write in the Quarterly Reports;” and “I’m not sure whether the offenders think the programme is appropriate and acceptable.”

While “periodic quality assurance audits;” “observational methods;” “close proximity to the providers;” and “good communication;” were suggested as more effective ways of assessing the integrity with which provider services were delivered, CPS informants commented that “we don’t have the resources to monitor them properly.”

14.3 Output Measures

Area Managers and ‘Contract Managers’ suggested categorizing output measures in two ways:

- *Final output measures* referred to the rate of programme completion; and,
- *Intermediate output measures* referred to rates of client attendance and the level of client participation whilst attending a service.

Table 69 shows the output measures suggested by CPS informants, together with the number and percentage of those who named such indicators. The Table also shows the number and percentage of providers who reported that they recorded such information.

Table 69: Output Measures Suggested by CPS Informants and Recorded by Providers

Output Indicators	Area Managers' Suggestions	'Contract Managers' Suggestions	Indicators recorded by Providers
Service completion rates	8 (57%)	6 (38%)	26 (46%)
Level of Client Attendance	4 (29%)	7 (44%)	22 (39%)
Level of Client Participation	2 (14%)	2 (13%)	-
Unknown	3 (21%)	7 (44%)	-

Source: Survey data, 1998

Less than half of the providers interviewed stated that they collected information about the rate of service attendance and completion of the offenders referred by the CPS. One concern raised by a few of these informants was that while their services kept records about the “number of hours spent with clients,” there was “no record of what goes on between the client and the counsellor.”

Of completion rates, only 46% of the providers interviewed “kept records about the percentage of referrals that completed.” For their part, CPS informants stated that their Service rarely, if ever, collated rates of programme completion and that Area information “at that level was guess work.” When asked to estimate offender completion rates, half of the CPS informants stated that they were unable to answer a question of that nature, and the rest estimated completion rates that ranged from 20% to 100% with the average estimated completion rate being 75%. Against these estimates completion rates recorded by a portion of providers are shown in Table 70. The results show that mixed services, budgeting services and driving programmes recorded the highest completion rates. Of the other programme types, providers reported completion rates of between 64% and 73% for the offenders referred by CPS.

Table 70: Output - Average Percentage of Client Completion of Programmes

Program Type	Residential (5)	T/C (4)	Mixed (9)	A&D (9)	Stopping Violence (25)	Sexual (1)	Driving (2)	Budgeting (1)
average percentage completion	72.5	70	81	64	69	-	94	90
Outputs Unknown (number and %)	3 (60%)	2 (50%)	5 (56%)	6 (67%)	13 (52%)	1 (100%)	- (0%)	- (0%)

Source: Survey data, 1998

According to all informant groups a significant factor in achieving optimal client retention and service completion, was a collaborative approach to case management and the support offered by Probation Officers during the course of the programme: “Successful completion is due to Probation Officers ...engaging the client to do the programme,” and “our service’s motivational intervention that overcomes the resistance ...so they have a sense of responsibility for their behaviour and feel they have to do something to change.” Numbers from both informant groups and notes in the Quarterly Reports suggested that such support was not always forthcoming and it was this “lack of interest that contributed to the client retention difficulties.”

Commonly reported reasons for offenders failing to complete programmes included situations where the offender was imprisoned for new offences; the offender moved out of the area; or, where the provider requested the offender to leave the programme as a result of “disruptive behaviour.”

Difficulties with Output Measurement

While output measures were valued, CPS informants related difficulties in relation to accessing such data. Seemingly some providers refused to provide this information, because they argued that that would breach client confidentiality under the Privacy Act. In other cases, providers argued “... that their responsibility lay with delivering the programme, not with recording attendance levels.” CPS informants reported that some providers maintained that it was the Service’s responsibility to monitor client compliance, and in particular some providers argued that the contract did not require them to record such information. In 2 Areas additional protocols had to be negotiated over and above those noted in the contract.

An additional difficulty noted by CPS informants and 11% of providers was that associated with using completion rates as a measure of success. They argued that there was a discrepancy between comparing rates of completion between programmes of varying nature (for example, comparing residential alcohol and drug programmes with budget advice services; or, comparing a 16-week programme with a 2-year programme): “It is much easier to retain an offender in a programme for six weeks, than two years.” Providers delivering programmes of 18 months or more believed that success was achieved if the “client completes a fair chunk of the programme and their quality of life has improved as a result of that.”

With alcohol and drug programmes we get a lot of ‘no-shows’ due to the chaotic lifestyle. Whereas at the other end of the continuum, with budget advice, we get a great response because it’s easy to understand and people are getting their basic needs met.

Moreover, a quarter of the providers stated that programme completion did not necessarily equate with attitudinal or behavioural change because some clients come to service holding the view that they “will work out their time. They don’t want to change and when they leave they return to what they were doing before.”

Successful Outputs – Profiling Offenders who Participate in and Complete Programmes

While both informant groups stated that they did not collect information about the profile of offenders who successfully completed provider services, they responded by drawing on their experiences of working with offenders. Table 71 shows the personal and contextual factors that they associated with successful outputs.

Readiness for Change – The results show that informants believed that ‘readiness for change’ was the most significant factor in achieving successful outputs. They identified a number of facets to the construct of ‘readiness to change.’ First, “the offender recognizes and accepts that there is a problem.” Second, they “believe that change is worthwhile and that it would positively enhance their lives.” Third, they possess a level of “self-confidence” and have “sufficient self-esteem – see themselves as important – so that they have a good reason to change.” Fourth, offenders need to approach treatment in an “open,” “motivated and committed” manner, with a “strong personal involvement” and a “willingness to do the work. They have to do the work because the programme alone won’t do anything.” Last, informants observed that some offenders who were successful in programmes “have been through a number of programmes and through the system many times, and then something clicks.”

Table 71: Successful Outputs – Informant Identified Factors

Success Factors	Provider Identified Factors	CPS Identified Factors
Readiness for Change	29 (54%)	8 (50%)
Something to Loose	15 (27%)	3 (19%)
Adequate Support	-	3 (19%)
Programme Relevant	-	2 (13%)
Age	6 (11%)	16 (100%)
Gender	-	7 (44%)
Ethnicity	-	5 (31%)
Unknown	-	2 (13%)

Source: Survey data, 1998

Something to Loose – Informants recognized that offenders who “work hard in programmes have something of significance in their lives that they would loose if change did not take place.” These significant features included:

- Freedom: “The offender has had enough of returning to prison;”
- Employment: “Clients who make best use of the programme are those who haven’t got jobs and who are saying ‘this can’t go on;”
- Significant relationships: “The most common thing is when they are ready to settle down ...there is someone who influences their lives and puts demands on them. It might be a girlfriend who says ‘get your act together or I’m off,’ or an ultimatum from their family.”

Support Network – The presence of support networks was also recognized as a significant factor in encouraging offenders to complete programmes: “Offenders need to have people around them who care about them. They make an effort because these people appreciate the changes.”

Relevance – CPS informants thought that offenders who completed programmes “find the programme relevant to their needs.”

Age – While all CPS informants thought that age was a significant factor for offenders who successfully completed programmes, providers preferred to align such success with the offender’s level of maturity: “When they get their brains back is the best time to intervene.”

In contrast, CPS informants believed that those of 25 years of age or more had reached “a point where they can weigh things up. They are able to focus, are less easily distracted and more determined about change.” In addition, they believed that the 25-plus age group made lifestyle shifts, such as “having families of their own with increasing responsibilities to partners and children” and it was this situation that influenced their commitment to change.

Gender – While providers believed there was no correlation between gender and successful programme completion, CPS informants’ comments reflected a different view. With respect to women, they believed that if “relationship responsibilities to children ...and the community” were managed appropriately, they generally took a more “direct” and “determined” approach to programme participation.

In relation to male offenders, CPS informants maintained that when “they’ve done with ‘hooning’ around with their mates,” and they have “meaningful relationships with a job, with a child, with a spouse, or with a sports club,” then they make the most of rehabilitative services.

Ethnicity – Both providers and CPS informants commented that ethnicity in itself, did not appear to be an influential factor in profiling those who successfully participated in programmes. Rather, CPS informants thought that contextual factors “concerned with engagement ...the programme context and style of delivery;” and “whanau support;” were significant factors.

Unsuccessful Outputs – Profiling Offenders who Fail to Participate in and Complete Programmes

Informants suggested personal, contextual and demographic factors that they associated with offenders who failed to participate in and complete programmes.

Personal Characteristics – Table 72 shows the six main personal factors that informants associated with offenders who failed to succeed in programmes.

Table 72: Personal Characteristics Associated with Offenders who Fail in Programmes

Personal Characteristic	Provider Identification	CPS Informant Identification
Attitude	16 (29%)	6 (38%)
Self-Perception	3 (5%)	4 (25%)
Conditioning	8 (14%)	2 (13%)
Psychiatric/Psychological Problems	2 (4%)	2 (13%)
Modes of Thinking	7 (13%)	-
Readiness for Change	14 (25%)	-
Unknown	20 (36%)	2 (13%)

Source: Survey data, 1998

Attitude - 16 (28.6%) providers maintained that entrenched anti-social beliefs and attitudes were a significant barrier to achieving successful client outputs. The attitudes that providers identified fell into five categories. First, these offenders held an *anti-authoritarian* stance, whereby they showed no respect for programme rules and adopted a “hostile” view towards the service provider as “part of the system. They say, ‘who do you think you are telling me what to do?’” Second, they presented as *egocentric*, believing “their way was the right way.” Third, they believed that “the world owed them whatever they want” - that is, they believed that they were *entitled* to behave in a manner that suited them. Fourth, their *moral reasoning was seen to be underdeveloped*, and as a result of this they tended to show no respect for the needs or rights of others. More specifically, they were “low on empathy for others.” Last, they “*refused to take responsibility* for themselves, their attitudes, or their behaviour.”

CPS informants also identified various *attitudinal traits* that they associated with offenders who failed to do well in programmes. The offender attitudes that they identified included egoism – “I’ll do what I like and I don’t give a shit about anybody else;” anti-authoritarian, “where life is a game in which one challenges the system;” lack of motivation; a lack of consequential thinking; a focus on “a self-destructive lifestyle;” and, no sense of the future.

Self-Perception - 3 (5.4%) providers noted that in some cases the offender’s self-perception was a barrier to positive change. Those who perceived themselves as *stanch* continued “to

model prison behaviour and won't let their defences down to share with others." Other ways of perceiving self that were seen to impede positive change, included feelings of "shame ...they find it too difficult to face the fact that their failure will be known by others."

CPS informants observed similar perceptions of self amongst offenders who failed to participate in programmes. They either *perceive* themselves as non-conformists and "tough;" or, "they take on the attitude of a thug because they believe that this is what it means to be male;" or, "they don't feel confident to take the leap to do things differently."

Conditioning – Both providers and CPS informants believed that being conditioned to an anti-social lifestyle, was a major barrier to positive outcomes for offenders. Offenders, who had been enmeshed in an anti-social lifestyle for long periods (such lifestyles were in some cases noted as inter-generational; and "involved revolving door people whose recidivism is chronic"), were considered as having "difficulty perceiving any different ways of living." Moreover, such people appeared to have "difficulty facing their fear of change, ...of losing their friends, and their lifestyle."

Modes of Thinking – 7 (12.5%) providers believed that certain ways of thinking blocked the possibility of positive change for some offenders. For some their thinking patterns were observed as "set in concrete," and as a consequence they appeared closed to "conceiving events in alternative ways." According to providers, one outcome of this way of thinking was that such offenders were not open to receiving new ideas and ways of behaving encompassed in the content of rehabilitative programmes.

In other situations, providers stated that offenders adopted certain ways of thinking about situations as a method of coping - in other words defence mechanisms. Examples of such defence mechanisms noted by providers included, "blaming others, "intellectualizing," and, "thinking of themselves as victims." In all these cases introducing strategies for change was regarded as difficult.

One of the things that gets in the way of guys using the programme successfully, is their own patterns of thinking. They minimize and deny their violence by saying 'it's not a problem anymore. I've dealt with it and it's her problem anyway.' They pull away from the programme and start to shift the responsibility for their behaviour to other people. We know that our programme is not an easy process. The process involves us challenging and telling them that they need to stand in the shoes of the people that they have hurt. Often men are not willing to do that. They want to put it behind them and forget about it.

Readiness for Change - According to 14 (25%) providers, there was a link between those offenders who were unresponsive to service provision and their failure to meet indicators of treatment readiness at assessment. For example, such offenders lacked any recognition of the problem; lacked motivation; were unwilling to involve themselves in the change process; and viewed their involvement in treatment as a consequence of the expectations of others (for example, the Court), rather than themselves.

Medical / Psychiatric Problems –Informants noted that severe mental illnesses, such as schizophrenia and bipolar disorders, together with those diagnosed with an anti-social personality disorder, were less than receptive to rehabilitative treatment. In addition, problems of an organic nature, such as head injuries, were regarded as a barrier to intervention: “A lot of offenders have suffered injuries to the frontal lobe of the brain. They have been hit as children, suffered injuries in motor vehicle accidents, or suffered injuries during fights. Unless they receive medical treatment they will not be able to engage in programmes.”

Contextual Factors – Informants identified a number of contextual factors that precluded offenders achieving their potential whilst attending programmes. Table 73 shows the contextual factors identified, and the number and percentage of informant responses in each category.

Table 73: Contextual Factors Associated with Programme Failure

Contextual Factor	Provider Identification	CPS Informant Identification
Anti-social Associates	5 (8.9%)	5 (31%)
Lifestyle Problems	2 (4%)	3 (19%)
Isolation	4 (7%)	3 (19%)
Socioeconomic Factors	1 (2%)	2 (13%)

Source: Survey data, 1998

A principal contextual factor that took offenders “away from focusing on constructive change” was the influence of *anti-social associates*.” While the anti-social influence of “gangs” was noted by some, other unhelpful group influences included “the male sub-culture,” and both were viewed as barriers to offender rehabilitation.

Some don’t want to be changed. They belong to a male sub-culture, where masculinity is defined in terms of deviance ... where bad is seen as good. They see us as trying to change them in a way that is aversive to them.

With respect to *isolation*, informants referred to a lack of significant relationships with others. They thought that this situation for the offender meant that either there was nothing to loose from the consequences of maintaining an anti-social lifestyle; or, that the offender was isolated from pro-social associates, who would both encourage and support the individual’s efforts to address their offending behaviour.

Informants also noted that offenders leading either “chaotic” or “nocturnal” *life-styles* – lifestyles that exposed them to high-risk situation - were more often than not, unresponsive to rehabilitation programmes. One informant described the conflict between achieving gains from service and coping with a tumultuous life-style: “The emotional turmoil of change is too great for them to cope with when already they are emotionally over-loaded with difficult and chaotic life-styles.”

Last, informants thought that in a few cases *socioeconomic* factors impacted negatively on offenders’ becoming involved in programmes. Unemployment was the main factor noted here, and informants believed that the level of stress associated with unemployment sometimes precluded offenders being able to participate meaningfully in rehabilitative services.

Demographic Factors – Table 74 shows that some informants perceived a link between demographic factors and poor programme attendance.

Table 74: Demographic Factors Associated with Programme Failure

Demographic Factor	Provider Identification	CPS Informant Identification
Age	4 (7%)	11 (69%)
Ethnicity	-	2 (13%)
Gender	-	2 (13%)

Source: Survey data, 1998

Four (7.1%) providers interviewed thought that demographic factors were a barrier to successful offender participation and completion of programmes. In this context the only influential factor noted was *age*. Youth, defined as less than 17 years of age, was regarded as a check to achieving the rehabilitation of offenders: “Young people are difficult to change, when life is very exciting when you live on the edge.

CPS informants also considered that in some cases *demographic factors* may be linked to programme failure. They too linked failure to participate and complete programmes with youth (those under 25 years of age). They argued that clients in this age group were “aimless,” “lacked experience,” susceptible to “peer influence,” and “unmotivated to change.”

Like the providers, CPS informants did not view *ethnicity* as a strong predictor of programme failure amongst the offender population. For example, only 2 (12.5%) believed that Maori offenders were more inclined to programme failure than other ethnic groups.

With respect to any link between programme failure and *gender*, the only comments offered by CPS informants concerned women offenders. One informant believed that the risk and needs assessment tool (Appendix 3), presently used by the Service, was insensitive to the special needs of women offenders.

The assessment tends to identify the consequences of the real factors that underlie women’s offending behaviour ... things like substance abuse problems or violence. Women’s needs are quite different from those of men ... they are deep-seated.

Another informant perceived that lifestyle choices adopted by some women mitigated their motivation to be involved in programmes.

In the past women might be picked up for shoplifting. Nowadays we seem to find them ... particularly the young ones ... on the fringes of a more violent life style ... the sort that we traditionally associated with men. These young women seem to be much more involved with gang members and subject to their anti-social influence. In these cases it’s difficult to get them to do programmes.

14.4 Outcome – The Community Probation Service’s Measurement System

Monitoring within the context of the Community Programme/Maatua Whangai Programme Funds required providers to make an assessment about whether the purchased services contributed to their organizations’ goals and the degree of adequacy with which offenders achieved their treatment goals. The Quarterly Reports invited providers to comment on these two areas of goal achievement. With respect to the client-focused goals, providers were asked to rank each offender’s response to service on a scale – positive, neutral and negative – and use the space provided to qualify their ratings.

Overall, CPS informants were critical of CPS's monitoring system and its failure to adequately focus on effectiveness. They stated that the Service "needed a system for assessing the achievement of results, rather than financial accountability." Implementing a monitoring system that focused on outcomes, they stated, would provide their Service's work with a measure of credibility amongst principal stakeholders.

If we had more outcome information, it would give greater credibility to our recommendations (for sentence, including special conditions) to the Court. For example, if we could say that we are suggesting that an offender goes to a particular programme and that this programme had a 95% success rate over the last 12 months, then there might be more credibility at the interface between the Court and ourselves.

54% of CPS informants were concerned about the fact that aspects of the Service's measurement system seemed to "focus on the achievement of the providers' goals." Instead, they stated that all performance measurement "should be related to our Service's goals" and furthermore the performance measurement system should be able to demonstrate a link between the offenders' achievement of their programme goals and "our goal of reducing re-offending."

There needs to be a link between the reason for the referral ...the identified criminogenic need, ...the objectives of the sentence, the outcome of programme attendance and levels of recidivism. All this should be summarized in the clients' termination reports.

Most CPS informants were concerned that the measures within the Service's monitoring system excluded those concerned with "recidivism" and "client satisfaction:" "We would need to enhance our data base to make a valid comment about reconviction. I just get it as an aggregated result for the Area. It's not broken down into clusters of offenders." Moreover, they all stated that the measures of client functioning at programme completion were "subjective," "weak indicators of outcome," "subject to various interpretation," and "meaningless for Head Office and government." For example, CPS informants stated that "neutral" could be interpreted as "he cooperates ...actually turns up;" or "he didn't get abusive in the group;" and a positive response "only tells me that he got something out of it ...but it is not helpful in knowing whether clients achieved their goals ...or whether we got value-for-money."

In order to verify CPS informants' impressions about the intermediate outcome measures utilized in their Service's monitoring system, the secondary data were perused to ascertain the providers' interpretation of these measures. This examination indicated that the meaning attached to the indicators 'positive,' 'neutral' and 'negative' varied from provider to provider. For example, providers interpreted a 'neutral' response variously as "succumbed to old habits," "demonstrated manipulative behaviour" and "left the programme too early." Other providers interpreted "left the programme too early" as a 'neutral' response.

In addition to these interpretative difficulties, CPS informants stated that "the information only gives the providers' perspective about clients' achievements," and that no effort was made by the Service to collate the data concerning levels of client functioning at programme completion: "For now we are taking a great leap of faith. We don't collate that information to give us an overall picture. So we can't say that the programmes make any difference to those people who go."

In all CPS informants called for the Service to adopt "valid measures of outcome" that gave them information about "re-offending" and the "cognitive, behavioural and attitudinal changes." They wanted objective tools with which to "assess client change;" performance information from a variety of sources, for example, "input from the client, the victim, the provider and the Probation Officer;" and methods with which to compare "the case plan objectives" with "the actual results once they've attended the programme."

14.5 Outcome – Providers' Measurement System

When questioned 52% of providers were able to state the intermediate outcomes for offenders participating in their programmes. Such outcomes related directly to the achievement of the respective providers' programme objectives, rather than the objectives of the purchasing organization. Examples of intermediate outcomes reported by providers included stopping violence; enhancing self care; reducing substance use; becoming safer drivers; developing new skills, beliefs and philosophies around relationships; having coping skills for high risk situations; increasing awareness and use of non-controlling, non-threatening inter-personal communication and negotiation skills; being aware of what they do with their money; recognizing their cycle of offending, their high risk situations and their seemingly irrelevant decisions; and, empowering clients to maintain their support networks.

Providers were asked to describe the ways in which they measured the outcomes of their work with offenders. 41 (73.2%) providers in the sample described some method of assessing the results of their work with offenders. 13 (23.2%) stated that they did not measure any results of their work with offenders. Of those providers that did measure results 28 (50%) used multiple measures to assess the results of their service delivery for offenders. While the emphasis was on using qualitative judgments, sometimes from a number of sources, there were some instances that providers reported where they used monitoring and quantitative methods to inform results.

Qualitative Judgments

Third Party Reporting – 29 (51.8%) providers stated that they relied on third party reporting to assess the results of their work with offenders. In many ways these third parties could be regarded as stakeholders - all having an interest in ensuring positive outcomes for offenders. This group of reporters included the offenders' families or whanau, some of whom were occasionally involved in the offenders' programme; other community groups, either also working with the offender, or those working with the victims of offending behaviour; the offenders' Probation Officer; and the offenders' peers - those also attending services to address their criminogenic needs. Feedback from these various groups of third-party reporters varied in terms of formality and consistency. For example, many providers described this method of assessing behavioural and attitudinal change as informal and ad hoc.

We do get some informal feedback from the men's partners. They might ring up or make a comment when we see them.

In a small area like ours, our assessment of client changes relies on our 'super spy' network. This is where Maori workers come into their own because they know everybody and it's part of their job description to be professional gophers for us.

While the majority of providers utilized this informal method with which to assess the results of their work with offenders, a few had developed multiple and more formal processes for assessing the behavioural change of offenders.

We don't just take the word of the offender. We compare the offenders' assessment of how the course has impacted on them with what the partners have to say. We also get reports on any further court involvement, any Police call outs, and whether they have met the directions encapsulated in the Protection Orders.

Staff Feedback – 38 (67.9%) providers in the sample used the views of staff delivering the programmes to evaluate the results for clients during and at the conclusion of service attendance. Of the provider group that used this procedure for gathering information about the impact of service upon offenders, 73.7% stated that observation was the primary method of assessing results. Just over a third (37%) of providers utilized written records in the form of case plans, case notes and regular assessments of goal achievement: “We assess the results for each client using a development plan designed for each individual. We do a monthly review to see how they are going against the goals. We use the data at programme entry as a baseline and we expect movement from that point.”

26 (46.4%) referred to the Client Progress Reports required by the CPS at service termination. Many were of the opinion that such reports were somewhat superficial in terms of describing offender outcomes following treatment: “We just write two sentences on their participation and level of cooperation.”

Client Feedback - Client self assessment was a predominant process with which 43 (76.8%) providers measured the results of their work with offenders. This self assessment process was mostly (64.8%) given to providers in writing, in the form of client evaluation questionnaires administered at the conclusion of the programme. 8 (14.3%) services verbally sought self assessment information from clients - such information being gained through an interview at service termination, but more commonly through questioning and exercises in a group setting.

Providers described two types of feedback sought from offenders. Feedback either focused on self-reported changes, or the clients’ level of satisfaction with the service received. Table 75 shows that self-reported changes were the primary focus for most services, although some sought information about both this and client satisfaction.

Table 75: Focus of Client Self-Evaluation in Provider Services

Focus of Client Self Evaluations	Frequency of Responses (number)	Frequency of Responses (%)
Self-reported Changes	24	44.4
Self-reported Changes and Client Satisfaction	5	9.3
Client Satisfaction	14	25.9

Source: Survey data, 1998

Client self-assessments of the written kind were generally brief and contained open questions. A sample of the types of questions asked included: “What did you like/dislike about the group? What did you learn from the group? How did the group assist you in making changes for yourself? What changes have you made? What value was the programme to you? What effect has the programme had on your life? What effect has the programme had on your relationships with others?”

These questions tended to focus on one aspect of effectiveness, that is, the offenders’ perceptions about the ways in which the programme impacted on them.

Client self-assessments delivered verbally most frequently occurred at the conclusion of a programme when offenders were asked to summarize the consequences for them of attending service: “They do a farewell speech at the end of the programme. It’s a pretty standard thing that they say; ‘I didn’t want to be here. In the first couple of weeks I just didn’t listen. Then I started to hear things. Now I’m glad I came. I should have done this years ago.’”

Client Satisfaction - Client satisfaction with a range of factors associated with service delivery is another form of assessing results. Of the 56 providers in the sample 37 (66.1%) used one of a range of methods to measure offenders’ satisfaction with their services. 22 of the 37 (59.5%) providers who measured client satisfaction, incorporated this measure into other measures of service performance - most commonly in the client evaluation questionnaire administered at programme termination.

Providers stated that questions pertaining to the measurement of client satisfaction focused on inviting clients to rate various aspects of their service. Some of the aspects that offenders were invited to rate included admission procedures; the helpfulness of staff; the level of assistance provided by the programme; aspects of the programme liked; aspects of the programme disliked; suggestions about how services could be improved; the adequacy of the service’s environment; the adequacy of service delivery methods; and, the adequacy of the programme’s content.

Apart from using the questionnaire as a means of gathering information about clients’ satisfaction, providers also used other methods to gather this sort of information. Other methods described by informants included;

- *surveys* - 2 (3.6%) providers surveyed a random sample of their client group every six months;
- *clinical audit* - 2 (3.6%) providers referred to information given by clients interviewed during external audits of their services' quality assurance processes;
- *graduate research* - 3 (5.4%) provider agencies had been the focus of research projects undertaken by masters students, where the focus of such research had been on the clients' satisfaction with those services; and,
- *informal feedback* - 6 (10.7%) providers stated that their services received occasional and informal feedback, volunteered in an ad hoc manner by clients, about the quality of the delivery of their services.

More generally providers reported that the information that they gained through client satisfaction surveys was favourable. Examples of favourable client comments included: "They feel they have become part of the family." "They feel safe in the agency." "They feel treated with respect." "They acknowledge the agency's input into the changes they have made and their ability to generalize the use of new skills in a variety of areas of their lives."

Providers also noted a number of areas of dissatisfaction that clients reported in client satisfaction surveys. Areas of dissatisfaction most commonly reported by providers, included dissatisfaction with the delivery and content of services; and, dissatisfaction with the environment in which the services were delivered.

Dissatisfaction with Programme Delivery and Content - The results showed that where offenders noted areas of dissatisfaction, such areas included their "discomfort in a group setting because a lot of these men tend to isolate themselves, particularly emotionally. So being a peer group setting where men are opening up and talking about how they feel ... it's a bit scary;" their inability to relate to "the ideas we present, the way we deliver the programme and some say they can't get on with the staff;" the lack of opportunity to "role play turning a negative situation into a positive situation for relationships when they are faced with confrontational areas;" and, that the programmes were "too short" and they "want more intensity of service."

Service Environment - A desire for comfort during the intervention process was the main area of improvement requested by offenders who commented on dissatisfaction with the services'

environments: “One of the things that came out in the survey was that the room was cold and the chairs were uncomfortable.”

Most providers valued the feedback gained from client satisfaction surveys and used such client feedback as a means of directing programme changes - changes that enhanced the client-focused nature of service provision. However a few providers identified some of the biases that might influence the validity of the results. For example, one provider stated that positive feedback needed to be accepted with caution. In his words: “I’m not sure about the positive feedback, they could be trying to please us.” Another provider thought that such feedback might be biased because surveys were usually only conducted with people who complete programmes and “... we have no idea what those that don’t complete think about the service.”

Some providers were of the view that the areas of dissatisfaction identified by offenders were often indicative of those areas where offenders were resistant to change, or that offenders were not ready to change at all.

There were also other concerns noted by providers about the information gathered by them from client satisfaction surveys. First, they stated that the responses given in satisfaction surveys were so varied that it was difficult to identify themes - particularly those that might direct improvements in service content and delivery. Second, they stated that survey information was never collated in a form that might provide guidance for future service decisions concerning programme delivery and content. Third, they were concerned about the reliability of the information provided by clients. This concern centered on “how real is the information that they give to us. It’s a good thing to hang on your file, but what is the value of that if it doesn’t line up with what you are seeing yourself. It seems that this process is just a point gaining exercise for providers.”

Quantitative Measures

Only 9 (16.1%) providers in the sample utilized scales or checklists with which to assess the results of service delivery. Those that were mentioned included:

- The Readiness to Change Scale - This scale was based on Prochasta and DiClemente’s cycle of change and assessed whether a client was at the pre-contemplation, contemplation, action or maintenance/relapse prevention stage. Providers reported that this scale had not been validated.

- Audit – An alcohol abuse screening test.
- Domestic Violence Checklist - Developed by the National Network of Stopping Violence, this checklist asked clients to assess the presence or otherwise of abusive and violent attitudes and behaviours along a numeric scale.
- Control Logs - These logs were utilized in the context of stopping violence programmes, with the aim of measuring changes in attitude and behaviour.
- A Character Change Instrument - developed mainly for a population of opioid users and utilized within the context of a therapeutic community.
- A self-esteem scale.
- An assertiveness scale.
- A coping scale, which measured how well people cope with stress.

Although few providers were able to comment about the sensitivity, or otherwise, of such instruments to changes of offender attitudes or behaviours during the course of service delivery, the results showed that in some cases such instruments were useful in heightening both staff and clients' awareness of the shift in attitudes and behaviours from those demonstrated at programme commencement to that at programme completion.

14.6 Client Response At Programme Completion

Since CPS informants reported that their Service did not collate information about intermediate outcomes, they were unable to supply data about the percentage of clients who achieved their programme goals. At interview 3 CPS informants respectively guessed that the percentage might be 50%, or between 50 and 75%, or 60%.

Most of the providers interviewed also reported that they rarely collated outcome data (either intermediate or ultimate outcomes) quantitatively: "We don't do that sort of analysis, and so I wouldn't have a clue about the figures." While some providers acknowledged that they were "in a position to get information about how clients went in terms of the goals set," only 4 (7.1%) providers collated such data. This situation is reflected in Table 76.

Table 76: Average Percentage of Offenders Achieving Intermediate Outcomes

Program Type	Residential (5)	T/C (4)	Mixed (9)	A&D (9)	Stopping Violence (25)	Sexual (1)	Driving (2)	Budgeting (1)
Percentage achieving outcomes	33	80	66	-	50	-	-	-
Unknown (number & %)	4 (80%)	3 (75%)	8 (89%)	9 (100%)	24 (96%)	1 (100%)	2 (100%)	1 (100%)

Source: Survey data, 1998

In order to gain some impression about offenders’ responses to the various programmes purchased, that information was examined in the Quarterly Reports. Of the 137 services purchased in the 1997/98 financial year client progress data from 68 (49.6%) of them were on file however, upon examination 36.8% (25 out of 68 providers) had omitted to present such data in one or more of the four quarterly reports. Within the reports compiled by the Area Managers there were 41 references concerning providers who had failed to furnish information about the progress made by clients who undertook programmes purchased.

The results that follow only include data that relates to the provider services in the sample. Of the provider services in the sample, 32 (57%) reported client progress data.

Table 77: Alcohol and Drug Programmes – Client Progress

Agency	Length	Cost	Positive Response (%)	Neutral Response (%)	Negative Response (%)
1		\$2500	30	20	50
2	8 weeks		73.8	15.9	10.3
3		\$550	27.3	63.6	9.1
4	10 weeks	\$255	73	21.3	5.7

Source: Secondary data, 1997/98

An analysis of the secondary material relating to non-residential alcohol and drug programmes showed that none of the one-to-one counselling services in the sample provided client progress data to Head Office. While some information was available for alcohol and drug services delivered in a group setting this information was incomplete. With the data available and listed in Table 77, on average, 51% of the offenders who attended these services made a positive response.

Table 78: Residential Programmes - Client Progress

Agency	Length	Cost	Positive Response (%)	Neutral Response (%)	Negative Response (%)
5		\$10/night	63.4	7.3	29.3
6		\$10/night	26.6	26.6	46.7
7		\$735/place	76.1	18.6	5.3
8		\$700/place	63.7	17.6	18.7
9		\$11.99/night	31.4	40	2.9
10		\$16.75/night	43.5	43.5	13
11		\$20.81/night	71.4	28.6	-
12		\$17409/place	41	20.5	38.5

Source: Secondary data, 1997/98

Of the residential services in the sample, information about programme length was not available in the secondary data. Table 78 shows the cost for each offender attending these services varied across programmes - some quoting a nightly rate while others received payments for places occupied by offenders. On average 52% of the offenders who attended these residential programmes responded in a positive manner.

There was only one sex offender programme in the sample. The programme was 24 months in length and cost \$3600. While all information was present in relation to this programme, no comparison is possible. According to the information supplied by the provider, about 73% of the offenders who attended the programme responded in a positive manner; 18.5% of the participating offenders made a neutral response; and, 8.6% made a negative response.

Only one budgeting programme was present in the sample. Here treatment length depended on the individual needs of the respective clients. The cost of the service per session was \$18.80. 60.7% of the clients who attended this programme responded positively; 25.8% made a neutral response; and, 13.5% made a negative response.

Information about the driving programmes in the sample was only available for one of the two programmes in the sample. The length of the programme was 10 weeks and it cost \$525. 45.5% of the offenders who attended this programme responded positively; 27.3% responded in a neutral manner; and, 27.3% responded negatively.

Information about the stopping violence programmes in the sample was only available for 17 of the 24 programmes. Of these 17, full information was present for 52.9% of them. The results showed no clear correlation between the length of programmes and the percentage of clients who responded positively. Table 79 shows that providers reported on average that 51.9% of offenders responded positively to the services delivered.

Due to the limitations associated with this data set any conclusive remarks should be considered with caution. The results indicate that somewhat more offenders who attended the sex offender programme and the budgeting service responded positively.

Of the other programmes it appears that about half the offenders who attended these programmes responded positively.

While the information collated from the secondary data provided some impression about the level of the offenders' responses in each of the three categories – positive, neutral and negative – the question remains whether the intermediate outcomes observed by the providers of such programmes serve to contribute to reduced offending behaviour. With this question in mind, providers were asked to describe the changes they observed amongst targeted offenders during and at the conclusion of service provision. The intermediate outcomes noted by providers are shown in Table 80 and described below.

Table 79: Stopping Violence Programmes - Client Progress

Agency	Length	Cost	Positive Response (%)	Neutral Response (%)	Negative Response (%)
16	24 hours	\$607.50/pro.	67.3	25.5	7.3
17		\$599.40	54.8	24.2	21
18	28 hours	\$1300.19	83.3	16.7	-
19	52 hours		41.7	37	21.3
20		\$1440	68.6	31.4	2.9
21		\$900	58.4	24.7	16.9
22		\$34/place	26.7	36.7	36.7
23	32 hours	\$582.50	75.9	14.5	9.6
24			48.8	39	22
25	44 hours	\$2450	33.3	58.3	8.3
26		\$1000	30	20	50
27		\$510	55.6	11	33.3
28	31.5 hours	\$21.13/hour	53.1	44.9	2
29	30 hours	\$19.68/hour	55.6	40.3	4.2
30	30 hours	\$30/session	38.5	15.4	46.2
31	48 hours		50	27.8	22.2
32	40 hours	\$570	40	60	-

Source: Secondary data, 1997/98

Table 80: Providers’ Descriptions of Intermediate Outcomes for Offenders

Intermediate Outcomes	Informant Responses (number)	Informant Responses (percentage)
Changes in Temperament and Personality Factors	48	85.7
Improved Familial Affection and Communication	37	66.1
Improved Self Control, Self Management and Problem Solving	27	48.2
Reduced Lying, Stealing and Aggression	20	35.7
Moving Towards a Pro-social Environment	16	28.6
Improved Social Skills	15	26.8
Relapse Prevention Strategies	13	23.2
Improved Cognitive Skills	12	21.4
Pro-social Beliefs, Values and Attitudes	11	19.6
Reduced Chemical Dependency	8	14.3

Source: Survey data, 1998

Changes in Temperamental and Personality Factors - 85.7% of providers noted that offenders, who made a positive shift in terms of factors associated with temperament or personality, became more open to pro-social behaviour. These factors included, an *increased empathy* for others - that is, an understanding of other’s feelings and thoughts; and, a move from egocentricity “to their expanding their thinking outside of themselves to consider the impact of their behaviour on others.”

Others noted that offenders become *success orientated*; and emphasized the “positive rather than the shame.” For example, providers stated that offenders might gain a “thirst for learning,” “like getting their driver’s licence or learning to read;” demonstrate increased “self-esteem,” “confidence,” “self-pride,” and “spirituality,” whereby they “hold their heads up high and ...believe they can achieve something;” or, reach the point where they can “care for the inner child and consider the trauma resulting from childhood abuse.”

Last, providers observed that offenders shifted from a sense of alienation to *sense of belonging* and that such a shift seemed to increase their sense of “obligation to follow the kawa -

protocols- of their Iwi; some sort of expectation about expected behaviour, which does not include offending - that is, a respect derived from tradition.”

I see the amazing effects that follow when people get in touch with themselves, with their background, and their Iwi. We line them up with their elders, they visit their home marae and they learn about the history of their marae. Then they know what it means to be from there. Immediately they have a place within New Zealand society and their identity makes sense to them. Without this their mana is affected.

Improved Familial Affection and Communication – Many providers observed that those who successfully changed showed affection toward and successfully communicated with family and whanau. They described service participation as a “healing process for the whole whanau,” whereby offenders appeared in some cases to have reconciled with family members and had developed better overall relationships with their families; increased affection and caring towards others, especially their children; improved parenting skills; and, an appreciation of the responsibilities associated with the roles of parent and partner. Some providers witnessed offenders leaving “unhealthy relationships,” and where this had occurred and where children were involved “access arrangements went more smoothly.” Providers also noted that the former controlling tactics used to relate to family members, were replaced by more constructive communication skills, such as being more open and more intimate, “doing more listening and less speaking,” and using negotiation skills; as well as demonstrating behaviours that would indicate a “relationship of equality, rather than one that was hierarchical.”

Improved Self Control, Self Management and the Ability to Problem Solve – Providers noted that offenders who changed as a result of programme participation, demonstrated improved personal management and coping skills and tended to be more responsible.

Acting impulsively is a trait often associated with offenders. At programme completion providers observed that offenders were using strategies such as ‘time out,’ and “thinking about things more, rather than being on automatic pilot and reacting.”

With respect to self management, providers noted that offenders began using stress management strategies; their emotional expression (for example, anger, embarrassment, jealousy) was more appropriate; sex offenders had learnt to manage deviant arousal; and, they had “learnt to identify and appropriately communicate their needs.”

Providers also mentioned that many offenders had learnt and were demonstrating their use of problem solving skills: “They analyze how they are reacting, what they are thinking, and then they consider the options they have got and they choose the best option to work out the issue.”

Reduced Lying, Stealing and Aggression – 35.7% of the providers commented that offenders who made positive changes were more honest; shifted “from being blunt, aggressive, sharp, withdrawn or sulky to more openly sharing experiences;” communicated more respectfully towards others by “using eye contact and presenting a positive stance when relating to others,” and were less argumentative and “less challenging in their korero and listened to others;” and stopped all physical violence.

Moving Towards Pro-social Environments - 28.6% of the providers noticed that offenders who achieved positive change tended to gravitate away from settings that reinforced anti-social behaviours and attitudes, and instead chose environments that supported their gains in leading a more pro-social life-style. For example, providers described offenders who sought and gained employment; others who pursued further education to either improve their literacy skills or their vocational skills; others who chose constructive family relationships; and, others who acknowledged the issues to be address and sought social and therapeutic assistance.

Improved Social Skills - 26.8% of the providers observed that offenders improved their social skills, including improved inter-personal communication, the ability to negotiate, improved self care, and their use of basic life skills such as cooking, budgeting, self-care and presentation.

Recognition of Risky Situations and the Development and Use of a Safety Plan – Providers observed that offenders who changed recognized high risk situations that precipitated offending behaviour and developed and rehearsed their safety plans to avoid, or at least mitigate, such situations. These learnings were particularly prevalent amongst those who attended stopping violence and sex offender programmes. Although 23.2% of providers stated that offenders seemed able to recognize their high risk situations, only a little over a third (5/13) of these same service providers reported that offenders had developed and practiced their individualized safety plans.

Improved Cognitive Skills - 21.4% of providers, especially those delivering stopping violence services, noted improved cognitive skills amongst offenders who completed their programmes. Specific examples of improved reasoning included:

- *Replacing defence mechanisms (unhelpful cognitive strategies for coping with difficult situations) with honest reflection about their situations:* “One of the changes is that there is more looking at themselves instead of focusing on other people. So instead of blaming, denial and minimizing, they actually start questioning themselves. They move from ‘I don’t have a problem, she’s got the problem,’ to ‘yes I have got a problem.’”
- *Adopting values that include other’s perspectives* - One provider described that many offenders enter treatment programmes with an “under-developed sense of moral judgment.” By programme conclusion, this provider observed that offenders were able to distinguish right from wrong - values reinforced by the programme’s staff throughout service provision.
- *The development of critical thinking* - As a result of programme participation some providers noted that offenders’ ability to reason in a critical manner had been enhanced. They observed that offenders’ thoughts become less influenced by others, and that in some cases they may be in a position to challenge the illogical thinking of others, especially when the service was delivered in a group setting: “Men begin to argue for respect, non-violence and safety for families. This is great in a group because they start being critical of other men’s controlling behaviour and challenge them to change for the safety of women and children.”

Pro-social Beliefs, Values and Attitudes - Another intermediate outcome noted by 19.6% of providers concerned the positive changes in offenders’ attitudes, values and beliefs. While more generally providers observed changes such as “behaving in a socially-acceptable way” that reflected the offenders’ “internalizing a system of pro-social values,” more particularly they noticed a shift from a position of “entitlement” to a “more considerate attitude” towards the roles and rights of others, in particular those of women and people from different ethnic origins.

Reduced Chemical Dependency - 14.3% (all of whom delivered alcohol and drug services) of the providers reported reduced alcohol and drug use, or abstinence amongst the offenders who attended their services. Providers maintained that this result occurred as a consequence of offenders understanding and addressing the “psychological factors that underpinned substance abuse, which freed them from using substances as a prop;” and, in terms of offenders “gaining control over their lives.”

One additional question concerning intermediate outcomes, and emphasized by some providers, was whether such outcomes were utilized by offenders beyond the treatment setting. While a small number of providers reported evidence (direct observation or third-party reports) that offenders did transfer learnt pro-social behaviours and attitudes from the treatment to the community environment, many others commented that they did not have the resources to monitor changes beyond the therapeutic setting: “We only see offenders 16 times for two and a half hours on each occasion, and that’s in the context of our seminar room. The key is how, or whether, they translate what they learn and do here into their family, workplace and community settings. We don’t actually have information about that.”

Still others stated that they had anecdotal information that positive changes seemed to occur during and for a short period following service, but that offenders’ “behaviour starts to deteriorate four months after they leave the programme. What happens is that men move back to friends and get exposed to unhelpful beliefs about women. Then they revert back to being controlling in relationships.”

Several providers argued that offenders’ attendance at post-programme maintenance groups would assist them to sustain, over time, changes made during programme attendance. However, few were funded to facilitate such services and providers believed that “funders should put money into maintenance, so that there would be better outcomes from the initial expenditure.”

Chapter 15: Accuracy and Utility in Monitoring Performance

15.1 Difficulties in Measuring Performance

Validity and Reliability – About one third of providers and almost half of the CPS informants reflected that the measures of performance utilized within the contract monitoring system were “subjective” and “lacked precision.” Both parties noted that those providing performance information appeared to experience difficulties understanding and interpreting the indicators of performance, that such difficulties led to a variety of interpretations about the measures upon which performance was judged and that many of the difficulties stemmed from a lack of training given to providers. Moreover, providers commented that the CPS changed the measures of performance from one year to another – a factor which they asserted precluded any comparative analysis of performance from one year to another and across sites.

Need for Multiple Measures – Both informant groups criticized the emphasis placed upon recidivism as an exclusive measure of performance. They stated that this dichotomous measure failed to reflect the “incremental” and “lengthy” nature of change amongst the offender population. While the cessation of offending behaviour was a vision for both the purchaser and the providers, they believed that the “compartmentalized” manner in which the CPS addressed offender needs meant that it was unrealistic to “expect complete rehabilitation.” Moreover, this recognition that “there are multiple and complex factors underlying offending behaviour,” led many informants to call for a “systemic” rather than a “particular” approach to offence-related behaviours, together with multiple measures for assessing change in a range of areas including “employment, relationship skills and parenting.”

Uncertain Causal Link – A number of informants stated that it was too premature for the CPS to be measuring outcomes, since this Service had yet to establish the causal link between the programmes delivered by providers and reduced rates of recidivism.

Resource Constraints – For both informant groups resource constraints were a significant barrier to performance measurement. CPS informants stated that they had neither the financial resources nor the information technology with which to adequately evaluate contracted programmes. Similarly, providers commented that they had neither the “money,” nor the “time,” nor the “expertise” to assess how the service is impacting on the clients that access it.”

Government and Contractual Barriers – While some providers stated that outcome measurement was stymied because it “is not a requirement of the contract,” 2 CPS informants stated that it would be inconsistent for the CPS to use outcome measures since the “CPS receives its appropriations based on output, not outcome.”

Provider Resistance – Of the providers in the sample, CPS informants stated that 23% of them were somewhat resistant to providing the performance information specified under contract. For example, some failed to present any monitoring information; the information from others was incomplete; and still others presented performance information in a manner that was other than that required. CPS informants believed that “some providers don’t want their performance measured and they use the Privacy Act as a means for maintaining a veil of secrecy.” From their perspective, these providers stated that they were cautious about recording any information about clients attending their services because “it can be requested through the Official Information Act.” Others commented that they were reticent about providing client-related performance information because they had to manage the tension between their responsibilities for client confidentiality while remaining accountable to the CPS: “I don’t write down everything because I need to make an effort to achieve a therapeutic environment to get a reasonable outcome.”

No Performance Feedback Loop – Providers noted that the CPS collected a lot of data from providers – data, which they believed was not collated. They reported never getting any feedback about their performance – feedback which they believed would be invaluable to direct programme improvement.

15.2 The Utility of Monitoring Information

During the course of delivering services to offenders providers stated that they collected considerable amounts of data. The results showed that 32 (57.1%) service providers in the sample used this information to inform performance, while 37 (66.1%) gathered such information to inform accountability. 3.7% of the informants were unable to say how the information gathered by their services was used. Although many providers believed that more could be done by them to use the monitoring information, “once we get it into a suitable format,” to inform service-related decisions, such as “needs assessments,” and to enhance public awareness of their services’ achievements, the results showed that such information was used by them for a variety of purposes. These performance-related purposes are noted in Table 81.

Table 81: Information to Inform Aspects of Performance – Providers’ Views

Areas	Provider Comments (number)	Provider Comments (%)
Improving Quality	25	44.6
Improving Access/Appropriateness	17	30.4
Establishing Effectiveness	6	10.7
Client Progress Towards Intermediate Outcomes	3	5.4
Intermediate Outcomes	2	3.6

Source: Survey data, 1998

Improving the Quality of Services - Information collected by providers was used to improve the quality of their services to offenders. Of those providers who used the information in this manner, a significant number stated that it formed the basis for their decisions to improve and develop programmes. An example where information was used to enhance quality was described by one provider:

The information is all filtered through our staff meetings and then back through the management meeting where we come up with plans to carry out the agreed changes to the programme. Just to demonstrate this point we had an outcome to increase retention. So we introduced an increased focus on culture and increased the amount of time we spent with families and we think these things contributed to better client retention and found that clients responded well to these changes.

Monitoring information was also used to identify service gaps and identify service delivery issues, such as “poor attendance at family meetings;” and, that “Community Probation clients are less motivated than self-referrals and we had to find ways to deal with that.”

Client Profile Information - While information of this type included demographic information such as age, gender, ethnicity and employment status, the information of most interest to providers was the specific needs presented by offenders. Providers maintained that client profile information served to guide them about the appropriateness and accessibility of their services to offenders. In other words such information guided provider decisions about the content and style of delivery of their services.

Establishing Effectiveness – 6 (10.7%) providers used monitoring information to establish the effectiveness of their services for themselves, their stakeholders and in the eyes of the community. This was achieved in one of three ways - accepting invitations from university students wishing to focus their research on their services; publishing research findings that focused on their services; and, presenting papers about their services at conferences.

Client Progress towards Intermediate Outcomes - This information enabled providers to assess each offender’s progress towards their intervention goals. Such information might, in some circumstances, be used to inform staff supervision sessions or to inform the clients’ support networks about progress in the change process.

Intermediate Outcomes - This type of information gives the service provider an insight into the level of change achieved by clients at service termination as well as identifying remaining areas of risk.

While 57.1% of the providers in the sample maintained that they collected data to inform aspects of performance, 66.1% stated that they collected data for accountability purposes. Table 82 shows the targets for such information.

Table 82: Provider Identified Targets for Accountability Information

Target for Data	Provider Identification (number)	Provider Identification (%)
Funding Agencies	23	41.1
Services’ Annual Report	10	17.9
Annual Reports to Professional Bodies	7	12.5
Marketing the Service	6	10.7
Budget Predictions	5	8.9
Demand for Service	3	5.4

Source: Survey data, 1998

Funding Agencies - Data collection to ensure providers’ “accountability” to funding agencies was a primary use of information identified by providers. Providers stated that this information was largely output focused.

In Service Annual Reports - Such reports, presented to Boards of Trustees or Management Committees, appeared mostly to focus on financial matters and service demand.

Annual Reports to Professional Bodies - These reports largely described the demographic make up of the respective services' client base and were said to support political lobbying for increased resources.

Marketing in the Community - Some providers stated that they used the data collected by their services to "promote and increase the community's awareness of our work;" as well as raising the community's awareness of the problems and issues addressed by the respective services delivered.

Funding Proposals - A few agencies stated that the data was useful as background information to support provider applications for funding.

Predicting Demand for Service - A small number of providers used historical client profile information to assess trends concerning demand for their services by particular client groups. They reported that they extrapolated such information into the future to estimate demand for their services.

In all, most providers stated that the monitoring "information that we collect is really to inform ourselves." They maintained that they did not receive any feedback about the usefulness, or otherwise of their services for offenders – a comment also made by 77% of CPS informants. "I have collected statistics for Corrections each quarter, but I don't know what they do with it. We never get any feedback." Furthermore, they observed that there was a gap in the evaluation feedback loop and because of this the information that was available did not appear to inform purchaser decisions during subsequent years. In other words, in their view there seemed to be little connection between receipt of monitoring information and the purchase of programmes to meet quality service standards or client demand for service.

Chapter 16: Procurement and Performance: An Assessment

16.1 The Research Issue in Context

The theoretical discourses emanating from private sector management and the new institutional economics were influential in shaping the worldwide reforms of the public sector. In New Zealand, for instance, the introduction and pervasive utilization of market mechanisms, such as contracting and competition, were a significant feature of this country's public sector management reforms. Proponents argued that both competition and the agency relationship inherent in contracting arrangements enhanced the 'achievement of results.' Competition, it is argued, enhanced quality and lowered costs; while contracting technologies strengthened accountability and advanced efficiency and effectiveness (Howden-Chapman, 1993; Walsh, 1995; OECD, 1996; Freiberg, 1997; McGuire, 1997; Scott, 2001). Some commentators in the literature stated that these arguments were merely ideological in nature and that there was little empirical evidence to support them (Ghere, 1981; Murnane, 1983; Terrell et al., 1984; Dorwart et al., 1986; Downs et al., 1986; Kettner and Martin, 1989; Howden-Chapman, 1993; Kettner et al., 1996; Johnston, 1999). Therefore, and within the context of these literary positions, the present research sought to examine the extent to which management by contract and competition fostered the achievement of performance for stakeholders concerned with the provision of indirect, rehabilitative services for offenders.

In order to explore this issue, the study drew on the conceptual framework of programme logic in order to fully canvass the multitude of factors (for example, resources, activities, endogenous and exogenous factors and measures for comparing and judging) that might impact on the proficiency of two instruments of government – contracting and competition – in achieving results. This framework guided the design of the survey questionnaires. In addition, a qualitative approach was chosen not only because it seemed to have potential to expose the complexity of factors influencing performance within the various components of procurement, but also because it has the potential to reveal nuances within responses and diversities of opinion.

This final chapter is divided into five sections. The first three sections discuss the findings of this research in relation to the ideological, theoretical and empirical findings of earlier academic endeavours; and this discussion is organized in a way to cover the three main areas in an

agency framework that seem to be pertinent to the questions about whether or not the various aspects of performance are achieved. The first of these sections discusses the matter of goal alignment and considers the issues raised by the data that might lead to the displacement of the public sector purpose under examination. This is followed, respectively by a discussion of performance-related issues that the data revealed about the pre-contract selection process and the contract monitoring processes. The fourth section provides a summarized response to the two research questions. The chapter draws to a close by placing the conclusions from this research in the context of more recent developments in New Zealand's public management system, together with a brief analysis of the implications of these findings for theory, policy and future research.

16.2 Achieving a Public Sector Purpose – Discussion and Implications

While the results do not whole-heartedly support the notion that the CPS's goals were prioritized over those of the provider agencies, there does appear, in the majority of cases, to be some congruence between the goals sought by the parties to the contract. From this perspective of the analysis the findings tend to support the views of Laffin (1996) and others (Considine, 1990; Smith and Lipsky, 1993), who note the tendency for providers to be 'policy takers' – that is, the providers' goals tend to be affiliated with those of public funding agencies. For example, 75% of providers' goals were offender focused; 50% of providers offered services to Maori, who on average comprised 50% of their client groups; and, most reported programme objectives that sought to address criminogenic needs. Moreover, many providers reported that they only contested for contracts where the funding agencies' goals aligned with their own; and about a third of the providers in the sample stated that they had designed their programmes specifically for offenders.

Against these arguments, the results suggested that there is ample opportunity for providers to be what some writers refer to as 'policy makers' (Lourie, 1979; Mason, 1984; Kettl, 1993; Barrow, 1996; Laffin, 1996). CPS's purchasing and contract monitoring policies guided the contractual parties to demonstrate that the goals of the *providers' agencies* have been achieved, and although half the providers believed that their services should contribute to reducing re-offending, the other half believed their services were provided in order to further their own agencies' purposes. Moreover, informants stated that no collaborative effort was made by the parties to align service objectives with public priorities – a finding that is contrary to the advice offered by a number of authors who believe that such a collaborative approach ensures that

service objectives accord with identified needs; that public and private objectives are aligned; and, that the objectives set are feasible. (Rutman, 1980; Wholey, 1983; Winberg, 1996; Kettl, 2002). Further, 66% of the providers reported that they had no guidelines from the CPS about the design of their services, that CPS accepted their services as designed by them, and that CPS had no standards against which to judge the appropriateness of such programmes for the offender population. In addition, some providers, such as those providing services from a Maori or Pacific Island value-base, were philosophically opposed to the 'punitive' and 'individualistic' focus propounded by the CPS. Instead, they adopted a 'healing' and 'systemic' approach. Last, many providers were subject to the requirements of multiple funding agencies from diverse sectors, and many alluded to the fact that since CPS was a minor contributor to their agencies' incomes, that they tended to orientate their goals and services away from the correctional context and instead focus on satisfying the major contributors – a result similar to findings noted in earlier studies (Lourie, 1979; Mason, 1984; Kettl, 1993; Barrow, 1996; Laffin, 1996). This situation, Rutman (1980) cautions, may dilute treatment strength and appropriateness; and, Althaus (1997) believes that it may also heighten the potential for opportunistic behaviour.

In order to counter the tendency for 'policy makers' to dominate over 'policy takers,' informants suggested introducing a number of additional strategies into the contractual relationship. These strategies included incorporating into the contract a statement about the intervention logic between purchaser and provider goals; adopting either multi-year contracts or partnership approaches to facilitate the parties' commitment to one another; and, forging relationships across sectors in order to ensure that the multiplicity of goals in a multi-funding context do not detract one from the other.

16.3 The Pre-Contract Assessment – Discussion and Implications

Akin to a number of other accounts (Pacific Consultants, 1979; Ghere, 1981; Judge and Smith, 1983; De Hoog, 1985; Downs and Larkey, 1986; Campbell, 2002) the data demonstrated that procurement decisions in relation to the Community Programme and Maatua Whangai Programme Funds were not, for the most part, informed by indicators, standards or monitoring information that would facilitate a results-orientated assessment. Not all decision-makers referred to the information in the Funding Proposal documents, and those who did stated that aspects of that information that might inform an assessment of the intervention logic (staff competence; programme content and methods of delivery; and intervention target) were

cursory, incomparable, provider generated and never verified. De Hoog (1985) noted similar concerns. Moreover, the majority of informants reported that decision-makers had no 'best-practice' benchmarks or programmatic standards with which to judge the quality and appropriateness of the proposed service and as a consequence the acceptability or otherwise of proposed services was subject to idiosyncratic and variable interpretations across Areas. Insights about performance from monitoring and evaluative endeavours were also not available to promote purchasing for results – an observation also cited by a number of other writers (Benton et al., 1979; Pacific Consultants, 1979; Comptroller General of US, 1980; Ghere, 1981; Wedel, 1983; Domberger, 1998; Controller and Auditor-General, 1999; De Hoog et al., 2002).

Instead the results suggested that the constructs of reputation and credibility were influential in decisions to procure indirect services. These constructs were grounded in pertinent stakeholders' experiences of proposed services that came to the attention of the decision-makers; and like Bachman's (1996) observations, the latter's assessment of the degree to which proposed providers' services conformed with acceptable standards of structure and process as evidenced in well-developed organizational infrastructures and the achievement of service accreditation.

The results concurred with proponents' views that contracting procedures positively enhanced accountability across a variety of domains – administrative, financial and supervisory (Lendrum, 1998). However in line with Raynor's (1996) views, accountabilities that focused on achieving programmatic standards and effectiveness appeared to be wanting. In addition and congruous respectively with Freiberg's (1997) and Raynor's (1996) views, the data suggested that such accountabilities involved multiple relationships with clients, funders, professional bodies, significant community stakeholders (for example, Iwi and Maori group and the Women's Refuge), and the public; and enhanced professionalism and consistency and continuity of service provision.

Interestingly, providers delivering services from a Maori or Pacific Island value base commented that 'mainstream' accountabilities were not appropriate for their services and that they had alternative forms of accountability in place that were more acceptable to them.

Despite the agreement between the data and Irwin's (1996) and Schick's (1996) comments that standards of accountability were circumscribed and that the present procurement standards did not appear to be significantly influential in driving the programmatic elements of quality and effectiveness, there was evidence in the findings of evidence-based practice as cited earlier in Chapter 5 of the thesis. (This is despite the fact that few provider services undertook a literature search prior to programme development.) For example, intervention models and practice strategies recorded during the administration of the CPAI and described by informants, were generally appropriate for a correctional setting. Half the providers reported that their interventions were multi-faceted (although this seemed to relate to service approaches, rather than addressing multiple areas in offenders' lives; and this result goes to the heart of a criticism noted by both informant groups, who believed that offenders' interests would best be served if the CPS's compartmentalized approach to rehabilitation was replaced by a more holistic or systemic approach); and the issues targeted were principally criminogenic.

Yet despite these aspects of congruence with the literature, the data suggested some divergence with other aspects of quality. First, only sex offender and residential programmes appeared to offer services of sufficient intensity and duration for those categorized as high risk of re-offending and as recommended by Lipsey (1995) and others (Gendreau, 1996; Gendreau and Goggin, 1997; Latessa and Allen, 1997; Lauen, 1997); there was information that suggested that offenders, other than those categorized in this way, were referred for service; and the findings showed examples outside the control of the contractual parties that may have impacted on treatment intensity, such as the lowering of benefit rates and the introduction of the Community Work Scheme.

Second, while the results showed that the informants agreed with a number of other writers that community-based services were likely to be more beneficial than those delivered within institutions (Wright and Dixon, 1977a; Silberman, 1980; Rutter and Giller, 1983; Van Voorhis, 1987; Bondeson, 1989; Whitehead and Lab, 1989; Andrews, Zinger et al., 1990; Izzo and Ross, 1990; Lipsey, 1992; McGuire, 1995; Lauen, 1997), they believed that these benefits derived from the providers' knowledge of community and client problems and local solutions, rather than this location providing what McGuire (1985) refers to as opportunities for real-life learning.

Third, the results indicated that many service providers believed that economic factors are a major impediment to reducing re-offending – a view that was not supported by some in the literature (Andrews and Bonta, 1994).

Last, although the findings were in line with Macpherson's (2001) assessment that in the human services the capability of staff is a crucial driver of performance, they suggested that, in this context, the level of capability of some of the purchaser's and providers' staff was less than optimal and that overall service quality was significantly influenced by a small number of professionals – an observation that appeared to be an area of risk. On the other hand, both informant groups valued staff with experience of working in the criminal justice area; recognized the importance of requisite relationship skills and modeling and reinforcing of pro-social behaviours; and, the worth of and contribution of contractual payments to training and clinical supervision – these views being in line with other empirical findings (Bandura, Ross and Ross, 1963; Bandura, 1965, 1977; Andrews, 1980, 1989; Leibrich, 1993; Andrews and Bonta, 1994; Gendreau, 1996; Palmer, 1996; Latessa and Allen, 1997; Lauen, 1997; Losel, 1997, 1998). On the other hand, however, the possession of appropriate academic qualifications was less valued amongst the providers interviewed – a finding contrary to the views held by Gendreau and Goggin (1997), Lauen (1997) and Schrink (1997) - and of those in the CPAI sample, only half held relevant qualifications. Moreover, good numbers of the CPS informants were concerned about the skill deficits evident amongst some providers' staff; and, the majority of providers concurred with commentators in the literature (Gibelman et al., 1983; Stewart and Ranson, 1994; Althaus, 1997; de Lancer Julnes et al., 2001) in recognizing that programme knowledge and contract management expertise were prerequisites of effective procurement strategies and that the competence of CPS's contracting staff was somewhat wanting in these areas. Finally, the results indicated that the procurement of indirect services, especially if the activities were undertaken in the context of a restricted budget, tended to discourage professionals with experience and qualifications from entering employment in this sector; or, if this group were present, they were people with an enormous commitment and passion for working towards high professional and ethical standards of service delivery.

While the results emphasized personal commitment and motivation in achieving service quality, this finding might in fact be all the more significant in achieving performance since other factors suggested in the literature seem, in this context, to play little if any part. For example, while some commentators in the literature maintained that service quality is enhanced

by a competitive environment (Donahue, 1989; Kettner and Martin, 1989; Gain, 1994; Monagle, 1995; Hughes et al., 1996; Shand and Arnberg, 1996; Smith and Smyth, 1996; Minogue, 2000), the results have tended to align with those of Kettner and Martin (1994) and others (Schick, 1996; Duncan, 1997; Minogue, 2000) who found that competition in the social service setting was limited. Indeed, these data suggested that a limited supply of services do in some cases result in the purchaser procuring services of quality less than the minimal standards.

Also, the link between contract length and service quality was not confirmed one way or another by these research findings. Some of the data suggested that short-term contracts detracted from service quality, particularly aspects such as service continuity and intensity; and furthermore such contracts seemed to preclude further service development. Alternatively, other views in the findings suggested that short-term contracts acted as a spur for providers to improve the quality, accountability and effectiveness of their services in order to improve their chances of contract renewal.

The data, on the other hand, suggested that long-term contracts enhanced quality by facilitating the stability of staff employment and service continuity, however all informant groups were adamant that such contractual arrangements should be reserved for those services with a proven track record and well-developed organizational structures.

16.4 Contract Monitoring and Performance – Discussion and Implications

In general, the data demonstrated that the performance measures and measurement activities adopted within the monitoring framework of the Community Programme and Maatua Whangai Programme Fund, were either absent, inconsistent or lacked objectivity. In all, there was insufficient focus on quality and effectiveness, and this precluded any fruitful analysis of the agents' efforts to contribute to the principal's goals. This result was analogous to numerous earlier commentaries in the literature (Arrow, 1974 and 1985; Katz, 1979; Terrell and Kramer, 1984; Poertner and Rapp, 1985; Howard, 1991; Wholey and Hatry, 1992; Carter and Greer, 1993; Althaus, 1997; Desautels, 1997; Mauhood, 1997; Controller and Auditor-General, 2000 and 2001; Kelman, 2002). Instead, informants observed that monitoring in this context focused on efficiency (outputs and costs) and accountability measures – a finding in line with the views of other commentators (Stewart and Ranson, 1994; Irwin, 1996; OECD, 1996; Schick, 1996). In addition, and despite the counsel of numerous authors (Austin et al., 1982;

Carter, 1987; Brudrey and Morgan, 1988; Dalton and Dalton, 1988; Wholey and Hatry, 1992; Macpherson, 2001), the results suggested that multiple and relevant measures were absent (for example, benchmarking standards and client satisfaction); and, there seemed little effort to establish the intervention logic between outputs and desired results as recommended by Downs and Larkey (1986) and others (Logan, 1991; Chapman, 1995; Duncan, 1995; Gregory, 1995; Schick, 1996; State Services Commission, 1998; Washington, 1999; Gill, 2000). These deficiencies seemed to have led to informants' preference for more informal and ad hoc methods of monitoring performance and managing risk – methods which they found an acceptable compromise.

Access by the Target Population

The data suggested that indirect service provision via procurement facilitated offenders' access to a range of programmes that addressed identified criminogenic needs, facilitated meeting the requirements of court-ordered sanctions, and filled the service and capability gaps identified in direct provision – a benefit resulting from the private provision of public services cited in a number of earlier studies (Judge and Smith, 1983; Terrell and Kramer, 1984; Kettner and Martin, 1988a, 1994). Particular emphasis was placed on the suitability of the non-government sector for the delivery of services of a re-integrative nature.

This emphasis on the re-integrative and integrative quality of indirect service provision confirmed earlier findings reported by Terrell et al., (1984) and O'Looney (1993) that noted that non-government services seem to facilitate clients' shift from marginalized and stigmatized positions in society to inclusion within communities. An additional insight from the data included informants' views that the provision of indirect services seemed to facilitate access to treatment for mandated clients by assisting them to recognize problem areas and actively participate in the change process.

Nowhere in the findings was there any suggestion that the contract monitoring system under examination required an analysis of whether the target population accessed the indirect services purchased. Be that as it may, the results suggest a somewhat contrary view to that held by Benton (1979) and Murnane (1983) who have reported incidences of cream-skimming amongst indirect service providers. Although the majority of providers had either screening or assessment procedures in operation, as well as clear eligibility criteria, almost all offenders referred for service were accepted, and any exclusions seemed to be supported by well-

reasoned clinical explanations. In fact, the data concurred with studies reported by Judge and Smith (1983) and Schichor and Bartollas (1990) because they indicated that providers put considerable effort into accommodating those whose difficulties might otherwise have precluded them from the standardized method of service provision. These efforts included their use of motivational techniques, brokerage to more appropriate services and individualized intervention approaches. Moreover, the results intimated that if any screening of 'difficult' cases was taking place, it was occurring within the public agency prior to referral – a finding in line with Gibelman's (1981) observations that 'screening' "most frequently occurs at intake in the public agency." Some informants, for example, commented that Probation Officers might refer those outside the target group – low-risk offenders or those whose needs were other than the treatment goals encapsulated in the conditions of court-ordered sanctions.

Responsiveness to the Target Population

The results confirmed earlier findings that indirect services for public clients had become more responsive and client focused (Walsh, 1995; McGuire, 1997). For example, the majority of providers had in place procedures for client redress; many sought client input into the further development of their services to meet client requirements; and, many provided clients with information about the service standards that they could expect. Whether these means of enhancing their responsiveness to clients resulted from contracting mechanisms was a moot point. The results suggested otherwise. Rather, informants believed the drive for encouraging such activities came from the consumer movement.

Moving from these more general methods of enhancing responsiveness to clients to responsivity factors that appeared pertinent to the delivery of effective correctional programmes, the results showed that CPS informants agreed with Van Voorhis (1987) and Gendreau and Goggin (1997) in appreciating the value of responsivity factors in improving the efficacy of service delivery and facilitating learning within the treatment environment. Despite this support, informants reported some barriers to identifying and responding to specific responsivity factors. These barriers included the absence of an evidence-based method with which to identify such factors; and the suggestion that referring staff had insufficient knowledge about the approaches utilized by provider services and their staff's characteristics to facilitate matching of treatment, client and therapist. Moreover, less than half of the providers appeared to assess for responsivity factors; less than a third reported matching treatment,

therapist and client; and, informants generally stated that measures with which to assess the providers' responsiveness to clients were not operationalized in any meaningful way.

Of the responsiveness of 'mainstream' providers to Maori, strategies mostly contributed to what Durie (1997) referred to as the individual's 'psychological sense of being Maori.' For example, the majority employed Maori workers, although not all of these workers held programme delivery roles; about 40% had established connections with local Iwi or Maori groups; almost half reported adopting culturally appropriate elements into the delivery of their services, for example, visual teaching methods, the use of stories, group presentation, and developing an intervention setting that was culturally appropriate. Few providers' staff accessed Treaty workshops or training to improve cultural competence such as those reported by McFarlane-Nathan, 1997; few incorporated a commitment to Maori into their services' policies; and, few involved whanau in the treatment intervention.

Maatua Whangai programme providers endorsed the views held by many commentators in the literature that a holistic and healing approach facilitates the achievement of total well-being (Sachdev, 1989; Broughton, 1993; Durie, 1997; McFarlane-Nathan, 1997). They, like Durie (1995), emphasized the predominance of delivering services that affirmed the clients' identity as Maori. This, they reported, could be operationalized by evoking whakawhanga and whakapapa; delivering services in a culturally appropriate environment, in a group setting and by way of stories – strategies aligned with those reported in earlier papers (Broughton, 1993; Durie, 1985, 1995, 1997; Hakiaka, 1997; Hirini, 1997; Evans and Paewal, 1999; Rotorua Cultural Heart of New Zealand, 1999; Tauri, 1999). The results also demonstrated that 'by Maori for Maori' services advocated by others (Ministry of Health, 1995; McFarlane-Nathan, 1997; Tauri, 1999) were endorsed.

Monitoring Treatment Integrity

Although Andrews et al., (1994) emphasized that the integrity of the treatment was an essential element in achieving results from correctional interventions, the results illustrated that this was never monitored. In this regard there were several areas of concern. First, information about the proposed models of service in the Funding Proposal document was neither comprehensive nor specific and those responsible for decisions to contract did not verify the information presented by the providers. Second, there appeared to be no procedures developed, such as those suggested in the literature, with which to assess the link between the proposed

interventions and the outcomes sought (Downs and Larkey, 1986; Logan, 1991; Chapman, 1995; Duncan, 1995; Gregory, 1995; Schick, 1996; State Services Commission, 1998; Washington, 1999; Gill, 2000). Third, while most providers had recorded an outline of their programmes, few had developed a comprehensive manual that described the intervention strategies utilized – a situation which commentators suggested would have precluded a comparison of practice with design (Andrews, 1995; Hollin, 1995; Palmer, 1996; Lauen, 1997; Leschied, 1998). Fourth, and in line with Hollin's (1995) views, limited resources not only appeared to detract from the delivery of appropriate interventions for the named target group (for example, by spurring providers to alter their services to attract alternative funding sources; by curbing the intensity of services; by making it difficult to attract and hold competent staff; and, by deleting the training and supervision of staff in some instances), but also precluded the implementation of suitable methods with which the service was practiced.

Added to these concerns was the fact that the results suggested that even when the purchaser identified that providers' services fell short of contractual standards, few contractual relationships were terminated. Thus while informants agreed with Fitch's (1974) findings that indirect provision provided a measure of flexibility not present in direct provision – flexibilities such as utilizing variable payments, payments in arrears, and the means with which to exit contracts when provider's credibility was questionable – exiting contracts was rarely actioned because of the purchaser's desire to persist with relationships and because of the over-riding requirement to administer the conditions of court-ordered sanctions.

Achieving and Measuring Economy

There was little support in the data for the proponents argument that purchasers procured indirect services in order to benefit from the cost savings associated with that mechanism of delivery (Benton, 1979; Florestano et al., 1980; Ghore, 1981; Gibelman et al., 1983; Judge and Smith, 1983; Lyons, 1983; De Hoog, 1984; Terrell et al., 1984; Ozanne and Wedel, 1987; Demone et al., 1989; Deakin and Walsh, 1996; Smith and Smyth, 1996). However, although this was not a principal reason for preferring an indirect delivery of correctional services, the results suggested that cost savings did occur as a result of these activities and these cost savings appeared similar to those described by Terrell (1976) – that is, via mixed funding sources that augmented the CPS's payments, fund raising ventures, and the goodwill of providers who continued to deliver services without remuneration. The results also accorded with earlier findings that a private market did not exist for correctional services in New Zealand (Kettner

and Martin, 1994; Kramer, 1994; Bennett and Ferlie, 1996), and therefore there was no competitive environment to drive down the cost of such services. Instead, the findings suggested that economic purchasing resulted from a 'capped funding' mechanism – the drive that Boston (1991) and Hood (1992) refer to as doing more with less – and flexible budgeting practices, also identified by Hughes (1994), such as short-term contracts, variable payments and payment in arrears.

The results also suggested that purchasing strategies were driven by a focus on cost containment; a focus on short-term achievements, rather than long-term goals that incorporated a developmental agenda; and, a commitment to meet legislative directions – all of which seemed to accord with De Hoog's (1986) view that attention was shifted away from purchasing for quality and effectiveness.

While informants endeavoured to purchase maximum levels of service at minimum cost, the results suggested that any attempt to measure and assess the achievement of this goal, or undertake any cost/benefit or cost/effectiveness analysis, was frustrated by a myriad of factors. First, the results suggested that policies to decentralize decision-making to Area level in order to enhance economic purchasing were frustrated at times by interference from the centre. Second, the difficulties in measuring real costs, and identified by Benton (1979), Paddon (1993) and Freiberg (1997), were mirrored in these research findings. For example, payments-in-kind were, at times, incorporated into payments for service; the unit of service was variously defined precluding cross-site comparisons; and, the CPS had no guidelines with which to purchase optimal numbers of service units to maximize the potential for the achievement of results. To add to these purchaser-identified difficulties, only a portion of providers calculated the costs of units of service delivered to offenders; some included direct costs, while others included direct and indirect costs; and, some utilized a master budget system to calculate whole-of-agency expenditure and then charged funding agencies a ratioed proportion of that.

Achieving and Measuring Efficiency

While proponents (Florestano et al., 1980; Lowery, 1982; Dorwart et al., 1986; McGuire, 1997) believed that contracting processes enhanced administrative efficiency and efficiencies via economies of scale and a more accurate assessment of the supply and demand equation, the results here either tended to suggest otherwise or were inconclusive. The data showed no

evidence of economies of scale operating. While informants reported improved administrative processes and procedures resulting from contracting relationships, the absence and incompleteness of monitoring information and the collation of the same would indicate a degree of inefficiency. Furthermore, calculating the supply and demand equation seemed to be confounded by factors both within and beyond the purchaser's control.

Calculations concerning supply were largely influenced by the Resource Indicator Model, yet informants questioned the credibility and utility of that information, arguing that the supply was often times inadequate to meet the demand. Demand calculations, on the other hand, were informed by the Areas' Client Profiles. With respect to the measurement instruments and the information that informed this, informants described it as incomplete, invalid and unreliable. While informants from both informant groups observed that the demand for service exceeded the supply and that as a consequence of this aspects of quality were adversely affected (for example, the target group was denied service or brokered to inappropriate services), an examination of the secondary data suggested otherwise in all but a few cases (for example, access to sex offender treatment). This observation needs to be viewed with some caution however, since in half the instances under review the data was either absent or incomplete.

While information and measurement difficulties hampered any examination of productive efficiency in relation to this Fund, the results also indicated that factors outside the contractual relationship influenced aspects of supply and demand. For example, government ideology and community perceptions either directly or indirectly impacted on the supply and demand equation. In addition, the absence of 'joined-up government' also seemed to affect the supply and/or demand for correctional services.

Achieving and Measuring Effectiveness

Although the Community Programme and Maatua Whangai Programme Fund policy concerning output measurement aligned with the requirements of the New Zealand public management system as reported by the Controller and Auditor-General (2001)(for example, the policy described the causal links between providing service to those classified as high risk with identified criminogenic needs and reductions in re-offending), the results indicated that the implementation of that policy was not without difficulties. For example, information about attendance (volume of service received by the target group) was, in the secondary data, incomplete or absent; final output information – service completion – while most valued by

CPS informants, was collected by less than half the providers, some of whom argued that this type of monitoring measure was not specified as a requirement in the contract; and, the CPS and the majority of providers did not appear to have collated final output information, citing resource limitations as the reason for this shortcoming.

The monitoring system under examination focused exclusively on measuring intermediate outcomes as defined by Austin et al. (1982), Kettner, Moroney and Martin (1991) and Kettner and Martin (1993) – observed results immediately following service completion. There was no indication in the results to suggest that final outcomes, for example, recidivism, for those participating in services under the auspices of this Fund, were examined, nor any effort to gather client satisfaction information. The informants' described their Service's measures of intermediate outcome as subjective, unreliable and invalid, notwithstanding that they seemed to lack utility and credibility for principal stakeholders, such as Head Office and government. In addition, informant comments suggested that the singular measure adopted – providers' clinical assessment – was less than satisfactory, and that they would prefer multiple measures from multiple sources as advised by Wholey and Hatry (1992). An examination of the secondary data showed that over half of the providers in the sample supplied the required intermediate outcome information, however, over the period of the year this information was often incomplete. Of the information available, it appeared that at least half those who attended the various service types recorded a positive response. An attempt to compare CPAI scores (a measure of the quality of service) with rates of client response proved fruitless as a result of the considerable amount of missing data. Therefore, no meaningful trends were observed.

For their part, the results demonstrated that just over 70% of the providers in the sample utilized some method with which to assess intermediate outcome. Half of those utilized multiple measures, however most described their efforts as ad hoc, informal (for example, third-party reporting) and unreliable (for example, client satisfaction). Most utilized clinical judgment to assess the results of their work, while only 16% adopted actuarial methods – a finding of concern in light of the empirical findings in the literature that suggest that actuarial instruments outperform the judgments of professionals unaided by such devices (Kuechler, Velasques and White, 1988; Grove and Meehl, 1996; Silver et al., 2000).

Of those who completed programmes, providers observed that the presence of certain 'protective factors' identified in the literature (such as an attachment to a stable reference like a

relationship or a job, and the presence of a stable network) (Rutter, 1985; Losel and Bliesener, 1994; Losel, 1998), and treatment readiness, as described by Serin (1998), (motivated and willing to participate in the change process), appeared significant indicators of success. Moreover, treatment goals achieved, seemed to be concerned with overcoming factors noted in the literature that were associated with temperament and personality, such as egocentrism, poor self control and self management (Andrews and Bonta, 1994; Andrews, 1995; Van Voorhis, 1997; Andrews, 1998, 1999); enhanced familial affection and communication (Andrews and Bonta, 1994; Andrews, 1995, 1998, 1999); and, a renewed interest in pro-social activities, such as education (Andrews and Bonta, 1994; Losel, 1998).

On the other hand, the results suggested that those who failed to complete programmes required a pre-service intervention that assisted them to create 'protective factors' and to overcome certain specific responsivity barriers that Bonta (1995) and Van Voorhis (1997) note are associated with offenders' cognitive and emotional states.

One remaining concern reflected in the results, was the absence of monitoring information that would confirm or otherwise that the positive changes observed by therapists were transferred beyond the treatment environment. While there has, to date, been scant research to support the combined effect of core programmes and post-treatment strategies, the data suggested an agreement with a number of authors who believe that this combination of strategies has inherent value (Gendreau, 1995, 1996; Hurst, 1997; Latessa and Allen, 1997; Lauen, 1997; Zamble, 1998). Data herein suggested that limited resources have precluded the implementation of post-treatment programmes amongst many provider agencies in the sample.

Difficulties in Measuring, Analyzing and Accounting for Performance

The results identified a number of issues associated with measuring performance within a contract monitoring regime. First, the data confirmed earlier findings which attributed under-developed performance monitoring systems to limited human and financial resources (Downs and Larkey, 1986; Wholey and Hatry, 1992; Bachman, 1996; Kettner and Martin, 1996; Mauhood, 1997; Washington, 1999; Berman and Wang, 2000; Scott, 2000).

Second, the results also concurred with those who have observed that the causal links between the providers' interventions and reduced re-offending, and between the intermediate outcomes and the ultimate outcome sought, had not been established (Wholey and Hatry, 1992;

Washington, 1999; Tanner, 2001). This finding might not be surprising in the light of the requirements of New Zealand's performance management system and its focus on outputs and accountability (Irwin, 1996; Schick, 1996). Consistent with this reasoning, the contractual agreement associated with the Fund under examination, failed to specify the requirement for providers to supply outcome information.

Third, the measures utilized in the performance monitoring system failed to take account of the multiplicity of objectives inherent in the Fund (for example, measures of equity and access), and those that were present appeared, in many instances to fall short of the standards of practicality, feasibility, credibility and utility. Nor did the measurement system adopt a method for comparing practice and achievements with standards and targets. These findings are consistent with comments noted by others in the literature (Wholey, 1983; Velasquez et al., 1984; Owen, 1993; Day and Klein, 1994; Aitken, 1996; Shand and Arnberg, 1996; Welsh et al., 1996; Funnell, 1997; Mauhood, 1997; Campbell, 2002). Moreover, informants appeared to lack a clear understanding of the performance measures that they were required to use and many called for training in order to mitigate against interpretative difficulties.

Fourth, like Day and Klein (1994) and Quayle et al. (1998), informants called for the performance monitoring system to take account of factors external to provider programmes that resulted in incremental, rather than instantaneous change following programme completion.

Last, the results reflected earlier findings that there is reluctance on the part of some providers to supply the performance-related information under contract. For example, some providers defended their right to maintain the professional confidentiality associated with the therapist/client relationship and maintained that the requirement for information for accountability purposes breached this right and cut across their desire for autonomy (Sharkansky, 1980; Lyons, 1983; Zeitoun, 1984). In a similar vein, other providers resisted a free flow of information, claiming that such information transfers breached the Privacy legislation (Monagle, 1995; Freiberg, 1997).

The Utility of Performance Information

While the results demonstrated that monitoring information collected by those responsible for purchasing services under the Community Programme and Maatua Whangai Programme

Fund was not used for either strategic or management purposes (Aitken, 1996), the purchaser's agents mainly used such information for instrumental purposes (Russ-Eft and Preskill, 2001) – that is, to improve the quality of their services, particularly those aspects of quality that related to access, responsiveness and appropriateness. There appeared to be little effort to use performance information to examine service outcomes or impact. Of significance, the results suggested that there was little communication between the parties that would assist their respective understandings of performance-related issues.

16.5 The Research Questions – A Summarized Response

In summary this research study sought to answer two questions:

1. To what extent are the benefits of management by contract observed in the private sector experienced when the same technology is transferred and operationalized in the context of delivering community-based correctional services in the public sector?
2. Do the theoretical discourses propounded by the new institutional economics, when operationalized within the context of the provision of community-based correctional services in the public sector achieve the results anticipated by the reformers?

The First Research Question

Within the context of the private sector, the overseas literature suggests that there are multiple benefits derived from management by contract. These benefits include increasing the availability of a range of services; providing a framework with which to flexibly administer the provision of services; increasing choice and access for the recipients of services; heightening provider responsiveness to purchasers and clients; improving the quality of services; cost savings; and, increasing accountability, efficiency and effectiveness. Against these variables, and in the context of the public provision of services, the findings from the various methodologies utilized in this study are described in summary form.

The results demonstrated that management by contract within the context of the Community Programme and Maatua Whangai Programme funds;

- increased the *range* of services for offenders (see survey and secondary data) – a finding analogous to that reported by Judge and Smith (1983), Terrell and Kramer (1984) and Kettner and Martin (1988a, 1994);
- offered clients minimal *choice* across most service types, particularly programmes of a specialized nature, such as residential and cultural services – a finding somewhat different

- from that reported by Benton (1979); and, as also noted by De Hoog (1984), appropriate services in provincial and rural areas were difficult to locate and at times service quality was compromised (see survey and secondary data);
- offered the purchaser a degree of *flexibility* with which to administer the budgetary arrangements negotiated under contract – a finding akin to that reported by Fitch (1974). However, contrary to Fitch's (1974) and Mullen's (1984) findings, other decentralized and flexible contract administration practices implemented to enhance performance (such as decisions to contract and decisions to terminate), seemed at times to have the opposite effect (see survey, CPAI and secondary data);
 - facilitated the offenders' integration into the community and *access* to treatment – findings akin to those reported by Judge and Smith (1983) and Schichor and Bartollas (1990). Although, like Gibelman's (1981) findings, screening by the public agent appeared, at times, to facilitate access for those other than the target group of the funds (see survey data);
 - evidenced providers' *responsiveness* to clients' rights and treatment needs, although efforts to individualize interventions, as recommended by Toch and Adams (1994) and others, were hampered by limited financial resources; a lack of validated measures with which to assess responsivity factors; and, inadequate knowledge about factors associated with matching programme, therapist and client variables (see survey and CPAI data);
 - fell short in terms of including mechanisms with which to support the providers' *responsiveness* to the purchaser's requirements. Factors that appeared to impede the achievement of this benefit included that noted by Benton (1979) – the multiple funding sources accessed by providers – and the exclusion of contract specifications that both stipulated the intervention logic and focused on the achievement of the pertinent public goal (see survey and secondary data);
 - did not meet expectations concerning the achievement of service *quality*. For example, contrary to Hughes et al.'s (1996) and Minogue's (2000) assertions, there was no evidence of a competitive tendering process; a national, evidence-based standard with which to guide purchasing decisions and identify areas for development was not operationalized; and, in some cases, like those reported by Sharkansky (1980) and De Hoog (1986), an insufficient level of remuneration countered the achievement of quality service provision. Rather, the professionalism and commitment of service providers seemed to influence levels of service quality – an observation also noted by De Hoog (1984) (see survey and CPAI data);

- was less than influential in *saving costs*, than both the ‘capped funding’ mechanism and the providers’ access to other sources of remuneration. Furthermore, like Bennett and Ferlie’s (1996) observations, a competitive environment did not exist to drive down costs (see survey and secondary data);
- appeared less than influential in achieving *efficiencies* – a finding congruous with that in Boyne’s (1998) study. For example, no economies of scale were operating; and, an examination of the operationalization of the supply and demand equation seemed to suggest that this purchasing strategy was inefficient in the majority of cases (see survey and secondary data);
- excluded any valid and reliable means with which to measure the *impact* of indirect service provision in achieving the fund’s goals – an observation also noted by Desautels (1997), Mauhood (1997) and others (see survey, CPAI and secondary data);
- was not set up in a way to ensure that indirect service providers could account in a comprehensive manner for the services they delivered. While the majority of providers had multiple methods of *accountability* in place, these mainly focused on what Bachman (1996) refers to as structural and process elements. Neither of the contractual parties utilized adequate methods with which to account for outcomes (see survey, CPAI and secondary data).

The Second Research Question

Proponents, who adopted the theoretical discourses of the new institutional economics to reform public sector management systems, believed that enhanced public sector performance would be achieved when such theories were operationalized. Proponents argued, for example, that agency theory, when executed in the form of separating purchasers from providers, would effect the alignment of multiple organizations’ activities to more adequately achieve the public purpose (Matheson, 1997); deliver reliable and valid information to enhance the effectiveness of purchasing decisions (Bennett and Ferlie, 1996); and, improve the transparency and accountability of indirect service provision by incorporating a performance management system within the contracting framework (Lendrum, 1998).

Succinctly, this research shows that the results anticipated by those who supported the purchaser/provider split fell somewhat short of expectations. First, the findings indicated that there was little, if any, discussion between the contractual parties concerning goal *alignment* and the purchaser’s expectations about appropriate elements of programme design in a

correctional context. Moreover, there was no attempt to define the intervention logic between the agent's activities and goals and the public purpose pursued by the principal. In addition, the apparent paucity of inter-departmental contact and what Erenstrom (1999) refers to as a 'joint accountability approach' seemed to hinder the achievement of correctional goals (see survey data).

Second, similar to Downs and Larkey's (1985) observation, the results showed that there was an absence of analysis informing the *purchaser's decisions* to procure. For example, information from a comprehensive evidence-based standard together with monitoring data, were not available to enhance the effectiveness of purchase-of-service contracting decisions (see survey and CPAI data). Rather, such decisions were mainly influenced by reputation and credibility; and, similar to De Hoog's (1985) observations, the information that was available to decision-makers was supplied by providers (see survey and secondary data).

Third, the results demonstrated that enhanced *transparency* of and *accountability* for the effectiveness of indirect service provision was somewhat thwarted by an inadequate and under-developed outcome-focused monitoring system; and this was further exacerbated by the paucity of employees with sufficient capability to manage this system in any meaningful manner (see survey, CPAI and secondary data).

In all, this research appears to show that during the period in which the data was collected that management by contract, in many respects, failed to reach the performance expectations noted in the overseas literature. This situation appears to have been influenced by the inadequate attention given to outcomes and their evaluation by New Zealand's public management system during the decade following the reforms, together with inadequate financial support with which to implement a system of this nature.

16.6 Looking Back and Looking Forward – Conclusions, Limitations and Further Research

On reflection during the period that this research endeavour – to explore the ideological and theoretical proposition that contracting and competition enhance the achievement of outcomes – was being formulated and the design developed and implemented, commentators were beginning to voice their concerns about the limitations of New Zealand's reformed public management system. These concerns centered on the scant attention given to integrating an

outcome-based performance framework into this country's public management system; the need to shift from a short-term focus to a longer-term focus; the need to nurture capability; the need to draw services away from a silo mentality towards a mechanism with which to draw agencies together in order that they may deliver services which were client focused and integrated; and concerns about the quality of monitoring and the fact that information appeared under-utilized in decision-making processes (Controller and Auditor-General, 1999, 2000; Ministerial Advisory Group, 2001; State Services Commission, 2002).

Interestingly, these concerns (together with others) were mirrored in the findings of this research study. Factors other than evidence-based standards influenced decisions to contract. There was uncertainty about the intervention logic between the services purchased and the outcome sought; and, uncertainty about the integrity with which services were implemented. Indicators with which to monitor the results of service provision were less than comprehensive for a public sector environment (for example, indicators with which to assess equity questions were absent), and those that were utilized appeared, at times, unreliable and invalid and lacked a comparative perspective. Seemingly this lack of focus on outcome also precluded a strategic perspective and this in turn appeared to not only take resourcing away from contracting approaches of a developmental nature, but also drew attention away from ensuring that those involved in the contracting processes had the capacity and capability to effectively carry out their roles and responsibilities. Finally, the output focus of 'separate' agencies appeared to restrain an across department focus on addressing clients' needs in a responsive manner.

From a theoretical perspective these findings suggest that the problem of asymmetric information inherent in agency theory endures within the contracting framework utilized for the Community Programme and Maatua Whangai Programme Funds. Therefore, the uncertainty about the performance of the providers' services was upheld. What seems to be needed as an adjunct to this theory, when implemented in the context of the human services, are additional factors – factors such as performance management tools (benchmarking standards, measurement instruments and indicators or targets), together with the human resources that have the capacity and capability to effectively undertake the various roles and responsibilities inherent in any principal/agent relationship. The results from the administration of the CPAI suggest that this psychometric instrument has the facility, as a pre-contract benchmarking standard, to differentiate between those services that appear to have the potential to be effective in a correctional setting and to isolate areas of service that require further development. Yet

further inquiry is needed in the New Zealand context. For example, the results suggest that the cultural components incorporated into the CPAI require further enhancement, together with a better understanding about the way in which such factors contribute to successful outcomes. The cultural components identified by the Maatua Whangai providers and earlier described by Durie (1995, 1997) and others appear to have potential in this respect. Furthermore, the predictive validity of this instrument has yet to be tested.

Despite the apparent paucity of evidence in the results to link market mechanisms with the achievement of outcomes, from a practice perspective the findings demonstrate that pockets of evidence-based activities exist and that furthermore some services in some circumstances appear to impact positively on offenders' behaviours and attitudes. If not contracting and competition that result in these outcomes, then what? The findings pinpoint several factors that might be pertinent to achieving results – factors such as the level of organizational development; commitment and motivation of staff; and, collaborative and enduring relationships with implicit understandings between the contractual parties (this latter finding suggests some diffusion of aspects of the 'gift' exchange into the 'economic' exchange (Muetzelfeldt, 1994)). Further research to probe more deeply into the apparent connections between these factors and achieving results is warranted. These and other findings from the research project open the way for others to pursue any of a range of academic inquiries in the future. This is particularly true, for example, for those who are interested in further examining and comparing outcomes of economy, efficiency and effectiveness within contractual arrangements across different and multiple public management systems in different jurisdictions or across different sectors.

While acknowledging that the findings here may be somewhat tainted by the problem of missing data (Rossi et al., 1999:255), and that some might be of the view that the self-reported data was insufficient evidence to support a research argument and that a quantitative approach would have been more persuasive, the literature suggests that a contrary position exists. For example, Del Boca and Noll (2000) have demonstrated that response accuracy can be achieved if certain conditions and procedures are employed in a study, such as assurances of confidentiality and the use of standardized instruments. Both of these conditions were present in this research. Furthermore, the study sought to examine the complexity of factors that might impact on achieving results through indirect government and analyze the strengths and weaknesses of adopting a contracting approach for the delivery of correctional services and to

achieve outcomes. Arguably a more qualitative approach best served these purposes, and the credibility of the findings, it is asserted, was enhanced by employing a number of methodological strategies such as data triangulation (Patton, 1987:11).

In closing, Kettl (2002) poignantly reminds us that in circumstances where indirect government is adopted as the preferred approach to the delivery of public services, then those responsible for administering the public funds have a duty to ensure that such resources are utilized in a manner that contributes to government goals. In this light, incorporating an outcome-focused performance management system into an agency framework appears promising. This seems all the more imperative in the context of delivering correctional services where the community's safety could well be at stake.

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APPENDICES

APPENDIX 1

- Interview Schedule for Area Managers
- Interview Schedule for Contract Managers
- Interview Schedule for Managers of Non-Government Services

Interview Schedule for Area Managers

Introduction to the Interview

Telephone interviewing involves quite different dynamics than if I was talking to you face-to-face. Most importantly our only means of communicating with each other is the spoken voice. Therefore, because you can't see the questions that I am asking please don't hesitate to ask me to repeat the question if you don't pick up the meaning of it when I first read it. Also, when people talk on the phone they tend to want to respond immediately. So if you need to gather your thoughts about a question feel free to take time to reflect.

I'd like to tape record what you have to say so that I don't miss any of it. I don't want to take chances of relying on my notes and thereby miss anything you say or inadvertently change something you say. So if you don't mind I'd like to use the tape recorder. If at any time during the interview you would like me to turn the tape recorder off, please say.

Demographics

Name of respondent:

Designation:

Interview Date and Time:

Duration of Interview:

Introductory Questions

1. How many years have you been involved in making decisions about funding non-government providers in your Area?
2. What position did you hold when making such decisions?

A. Success Criteria

3. What factors make some services for offenders more suitable for delivery by the non-government sector, rather than the public sector?
4. When faced with non-government sector provider applications for funding, what factors influence your decision to purchase? *Are there any other factors that you can identify?*

B. Activities and Resources that Influence Achievement of Programme Outcome

5. Do you have a preference for long or short-term contracts? What are your reasons for this preference?
6. Do you think that payments for non-government services should be linked to positive results for offenders? If not, why? or If so, how could this be done?
7. As the resources available to Community Probation to purchase services are limited, what strategies has your Area used to maximize its share of this resource to meet identified offender needs?
8. How do you manage the tension between the increasing demand for non-government services and the limited resources to purchase adequate units of service?

C. Performance

The next few questions ask you to consider measures of performance.

9. What sort of performance information would you need to make informed decisions about whether a non-government service was:
 - appropriate
 - of good quality
 - efficient
 - effective
10. Do you think the indicators presently used to monitor non-government agency performance are adequate for Community Probation to measure provider success in achieving desired outcomes for offenders? Can you give any reasons for your answer?
11. Do you think the contract agreement adequately specifies Community Probation's expectations in relation to:
 - the content of non-government programmes
 - the delivery of non-government programmes
 - programme outputs
 - client outcomes?
12. If not, what additional measures could be included to monitor provider performance?

13. Community Probation gathers a lot of information about non-government service providers. What aspects of this information are particularly useful to you to inform your purchasing decisions? What aspects of this information are particularly useful to you to direct the improvement of the programme's performance? *Is there anything else that you can think of?*
-

D. Outcome Hierarchy

14. How does Community Probation's system for purchasing non-government sector services link the provision of those services to positive results for clients and the reduction of client re-offending?
15. Can more be done to focus Community Probation's expectations of non-government sector providers on positive outcomes for offenders? Can you identify the improvements that you would like to see?
-

E. Factors within/outside the Control of the Service

16. What are the benefits for your Area's operation of purchasing services from non-government agencies?
17. In what ways could these benefits be enhanced?
18. If additional resources became available, would you increase the level of purchase-of-service contracting with the non-government sector in your Area? If so, what impact might this decision have on your Area's operation?
19. What difficulties has your Area experienced in relation to purchasing services from non-government providers? *Are there any other difficulties that you can recall?*
20. Does Community Probation's system of monitoring adequately assist Area staff with the identification of problem areas for remedial action?
21. What factors outside the control of your Area's operation influence the level of success with which non-government providers achieve the outputs and outcomes desired by Community Probation?
-

F. Other

22. Are there any other aspects of purchase-of-service contracting that we haven't discussed that are important for this research project to examine?
-

Interviewer's Note

Thank the respondent for participating in the interview.

Interview Schedule for Contract Managers

Introduction to the Interview

Telephone interviewing involves quite different dynamics than if I was talking to you face-to-face. Most importantly our only means of communicating with each other is the spoken voice. Therefore, because you can't see the questions that I am asking please don't hesitate to ask me to repeat the question if you don't pick up the meaning of it when I first read it. Also, when people talk on the phone they tend to want to respond immediately. So if you need to gather your thoughts about a question feel free to take time to reflect.

I'd like to tape record what you have to say so that I don't miss any of it. I don't want to take chances of relying on my notes and thereby miss anything you say or inadvertently change something you say. So if you don't mind I'd like to use the tape recorder. If at any time during the interview you would like me to turn the tape recorder off, please say.

Demographics

Name of respondent:

Designation:

Interview Date and Time:

Duration of Interview:

Introductory Questions

1. What percentage of your time at work is taken up with the contracting role?
2. Can you describe your level of involvement with non-government providers in your Area?

A. Determination of Need

3. How accurately does the Resource Indicator Model reflect:
 - your Area's need for service provision by the non-government sector
 - the equitable distribution of the Community Programme and Maatua Whangai Programme Fund across all Community Probation Areas?

How accurately does your Area's Client Profile reflect the actual needs of offenders?

4. What other factors would assist to enhance the accuracy with which offender needs are identified and prioritized, and funds more equitably distributed?
5. Are there any offender needs that are not addressed as a result of limited funding resources?

B. Decision to Purchase Services

6. List in order of priority the factors that influence your decisions to select non-government providers, rather than public sector providers to meet the identified offender needs in the Area?
7. What kinds of rationale have you included in the past Area Funding Plans to support your decisions to select and allocate funds to successful non-government programme providers?
8. Have you experienced any problems with aligning Community Probation s funding criteria and accountability processes with that of other purchasing agencies?

C. Contract Specification and Monitoring

9. What measures of performance would be helpful for you to assess non-government sector provider efforts to meet Community Probation s objective of addressing those behaviours related to offending in terms of:
 - appropriateness of service
 - quality of service
 - efficiency of service
 - effectiveness of service?
10. Are Community Probation s performance measures considered relevant and attainable in your Area? If not, what alternative performance measures would you suggest might be more relevant to a fair assessment of provider services?
11. How could Community Probation improve contract specifications and the monitoring of non-government service provision to focus more on desired offender outcomes?
12. Is there an alignment between Community Probation s definition of programme quality and that of other funding agencies? If not, what difficulties does this raise for either your Service or the providers?
13. Do non-government sector providers have adequate resources to meet the demands of supplying contract performance reports and client progress reports? If not, how have you ensured that contract compliance is monitored?

D. Difficulties within/outside the Control of the Service

14. What are the beneficial aspects of negotiating and contracting with non-government sector providers under the Community Programme Fund?
15. What difficulties have you experienced negotiating and contracting with non-government sector providers under the Community Programme Fund?
16. What are the beneficial aspects of negotiating and contracting with non-government sector providers under the Maatua Whangai Programme Fund?
17. What difficulties have you experienced negotiating and contracting with non-government sector providers under the Maatua Whangai Programme Fund?
18. Describe any incidences in your Area where non-government sector providers have failed to meet contract specifications?
19. Have there been any incidences of contract termination in your Area? If so what were the circumstances surrounding this?
20. In the event of contract termination are there other agencies in your community which could provide similar services to address the offender needs prioritized by your Area?

E. Success Criteria and Client Outcomes

21. To what degree has your Area been able to make sufficient client referrals to meet the number of client placements purchased?
22. What percentage of offenders referred to non-government providers achieve their programme goals?
23. What is the link between offenders achieving their programme goals and a reduction in their re-offending?
24. What features of non-government sector services seem to contribute to client success? What features of non-government sector services seem to contribute to offender failure to achieve their programme goals?

25. Which offenders seem to have the most success in provider programmes? What are their characteristics?

- Age
- Gender
- Ethnicity
- Other

26. Which offenders seem to have the least success in provider programmes? What are their characteristics?

- Age
- Gender
- Ethnicity
- Other

F. Other

27. Are there any other aspects of purchase-of-service contracting not covered during this interview that you would like to discuss with me

Interviewer s Note

Thank the respondent for participating in the interview.

Interview Schedule for Managers of Non-Government Services

Introduction to the Interview

Telephone interviewing involves quite different dynamics than if I was talking to you face-to-face. Most importantly our only means of communicating with each other is the spoken voice. Therefore, because you can't see the questions that I am asking please don't hesitate to ask me to repeat the question if you don't pick up the meaning of it when I first read it. Also, when people talk on the phone they tend to want to respond immediately. So if you need to gather your thoughts about a question feel free to take time to reflect.

I'd like to tape record what you have to say so that I don't miss any of it. I don't want to take chances of relying on my notes and thereby miss anything you say or inadvertently change something you say. So if you don't mind I'd like to use the tape recorder. If at any time during the interview you would like me to turn the tape recorder off, please say.

Demographics

Agency name, address and contact phone number:

Name of respondent:

Designation:

Length of time receiving funding from Community Probation:

Interview Date and Time:

Duration of Interview:

A. Agency services - general

First I'd like to know something about the services you provide.

1. Can you describe the goal of your programme?
2. Describe the services that Community Probation funded you to provide for offenders during the 1997/98 financial year?
3. Does this funding include providing services for:
 - Maori
 - Pacific Island peoples
 - Women
 - Youth?

What percentage of these clients belong to these groups?

4. What does your service do to meet the special needs of Maori? What does your service do to meet the special needs of Pacific Island clients? What does your agency do to meet the special needs of women? What does your agency do to meet the special needs of youth?
 5. Does your programme have a predominant model of practice that staff use? If so, can you describe this/these model(s) of practice?
 6. What kinds of needs do offenders bring to your programme? Has addressing these needs changed the way in which your service operates?
 7. How do you assess these needs?
 8. What do you think Community Probation's expectations are with respect to the way that your programme responds to offenders' needs? Do you have any comments about these expectations?
-

B. Outcomes

9. During the 1997/98 financial year was the number of Community Probation referrals greater or less than the quota agreed under contract?
10. Do you know of any reasons why there was a greater/lesser number of referrals than anticipated?
11. Does your programme have any criteria for entry? What percentage of Community Probation clients referred to your programme met your criteria for entry?
12. Did the unit cost noted in the contract with Community Probation cover all the costs of providing services to offenders? If not, how did your agency meet the total cost of providing the service to offenders? If there was a deficit, did this affect the level of service provided to offenders? How?
13. What do you think Community Probation's expectation is with regard to the outcomes for offenders that attend your programme?
14. During the 1997/98 financial year how many Community Probation clients (percentage of Maori, Pacific Islanders, women, youth) achieved their programme goals?
15. What service features seem to contribute to success for offenders in achieving their programme goals? What service features seem to preclude offenders from achieving their programme goals?

16. As a result of attending your programme what changes have occurred for offenders?

C. Performance Criteria

The next few questions ask you to consider the ways in which you assess the results of your programme s activities, that is, assessing performance.

17. How does your programme measure the results of your work with offenders?
18. How does your agency measure the quality of the service you provide?
19. Which of the following administrative activities do you measure?
- Cost of each unit of service
 - Number of staff involved in providing the service
 - Number of staff hours used in providing the service
 - Any other administrative activities
20. How does your agency use the information that you gather?
21. How do you gain client input into your programme? What were the results of the most recent survey?

D. Factors within/external to the Control of the Agency

The next few questions concern factors experienced by your agency that have impacted on the degree to which your service achieved its goals

22. During the past 12 months have there been any factors either internal or external to your agency that have impacted positively on the service you provide?
23. During the past 12 months have there been any factors either internal or external to your agency that have impacted negatively on the service you provide?
24. Is there anything that Community Probation does that prevents your service achieving its goals?

E. Accountability Measures

25. Purchasers of services often requires measures of accountability for reporting purposes. Which measures of accountability has your agency put in place to meet the requirements of purchasers?
26. Were any of these measures of accountability only required by Community Probation?

27. What impact have these measures of accountability had on your agency?

F. Purchaser/Provider Relationship

28. What are the benefits to your agency of contracting with Community Probation?

29. Taking a 4-point scale where 1 is not important and 4 is very important, how important is Community Probation's funding to the survival of your agency?

30. Is there any way in which the contract negotiation process with Community Probation could be improved?

31. Do you have a preference for long or short-term contracts? What are your reasons for this preference?

32. How regularly does your agency have contact with Community Probation's contracting staff? Taking a 4-point scale where 1 is poor and 4 is excellent, how would you rate the quality of this liaison?

33. How does your agency's interaction with other funding organizations affect your contractual relationship with Community Probation?

G. Other

34. Are there any other aspects of this purchaser/provider relationship that we haven't discussed but that you would like to comment on?

Interviewer's Note

Thank the provider for their participation in the interview.

APPENDIX 2

- Correctional Programme Assessment Inventory (CPAI) Answer Form — 6th Edition (Gendreau and Andrews, 1996)
- Correctional Programme Assessment Inventory (CPAI) — Revised Interview Schedule
- Cultural questions
- Questions concerning the utility, understandability and transferability of the CPAI
- Letter of thanks addressed to informants who took part in the administration of the CPAI
- Agency Report Following the Administration of the CPAI — Sample Report

CORRECTIONAL PROGRAM ASSESSMENT INVENTORY (CPAI)

ANSWER FORM

PAUL GENDREAU

UNIVERSITY OF NEW BRUNSWICK

D.A. ANDREWS

CARLETON UNIVERSITY

6TH EDITION, February 1996

**CORRECTIONAL PROGRAM ASSESSMENT INVENTORY (CPAI)
ANSWER FORM**

NOTES

- 1. The CPAI is a copyrighted psychometric instrument under ongoing development and validation. The first copyright version of the CPAI was published December 19, 1990.**
2. Requests for further information should be directed to:

Dr P. Gendreau
Department of Psychology
University of New Brunswick
P.O. Box 5050, Saint John
N.B., E2L 4L5
Tel: (506) 648-5641
Fax: (506) 648-5528

Dr D. A. Andrews
Department of Psychology
Carleton University
Ottawa, Ontario
K1S 5B6
Tel: (613) 788-2662
Fax: (613) 788-3667

CORRECTIONAL PROGRAM ASSESSMENT INVENTORY (CPAI) SCORING GUIDE

February 1996: Gendreau & D.A. Andrews

Items noted with * are scored. Items are scored either 0 or 1.

A. PROGRAM DEMOGRAPHICS

- | | | |
|----|---|--|
| 1. | Name of program: | Name specific to program. |
| 2. | Name of contact person: | Name, title, address, phone, fax # of program setting. |
| 3. | Years of operation: | Record consecutive years of program operation to present. |
| 4. | Setting: | Record whether the program is housed in a community residential centre, or institution/prison, a probation complex or a combination of these. If an institution/prison setting note whether it is a maximum, medium or minimum setting. Briefly describe structure (e.g., cells/rooms dorms, academic and vocational classrooms, gym, dining room, lounge, etc). |
| 5. | Number of offenders/
Probationers/residents: | Record present #. |
| 6. | Number of staff: | Full time staff are those who work at least 35 hours a week unless otherwise specified by program. |
| 7. | Program budget: | The budget amount in dollars applies only to the program itself unless program and setting are synonymous. |
| 8. | Government/private: | A government program is a directly funded part of the government agency/department that provides all resources to the program. A private sector program receives a time-limited grant/contract from various sources, e.g., government, business and charitable organisations. |
| 9. | Program philosophy: | Check only if program provides a documented rationale/philosophy/mission statement. Append the relevant document. |

**CORRECTIONAL PROGRAM ASSESSMENT INVENTORY (CPAI)
SCORING GUIDE**

B. PROGRAM IMPLEMENTATION

Program Director is defined as the individual currently responsible for the overall management of the program. Items #10-14 refer to Program Director.

- | | |
|---------------------------|--|
| *10. Program initiation: | Program director either was the sole originator of the program or was instrumental in helping set up the program. |
| *11. Qualifications: | Is professionally trained (university degree) in one of the helping professions (e.g., education, nursing, psychology, social work, with course specialisation in correctional/forensic/legal area). |
| *12. Previous experience: | Full time experience with an offender treatment program of any description for at least 3 years. |
| *13. Select/train staff: | Directly involved in hiring and providing training to staff. |
| *14. Conduct program: | Involved in conducting some aspects of the program that involves a) direct service delivery to clients, and b) direct supervision of staff. |
| *15. Literature review: | Literature search conducted to identify relevant program materials to design program. Search must consist of some of the major criminological and psychological journals and key texts. Look for a comprehensive attempt. Reference to a book or two, a government report or a couple of journal articles does not suffice. Record information in recording notes. |
| *16. Pilot: | Before formal program began, pilot program undertaken to sort out program logistics and content. Pilot lasted at least one month. |
| *17. Need: | Documented assessment of need for program. Append information, if available. |
| *18. Value congruency: | Values and goals of program consistent with existing values in institution/community. If not, note concerns in recording notes. |

**CORRECTIONAL PROGRAM ASSESSMENT INVENTORY (CPAI)
SCORING GUIDE**

- *19. Cost effective: Perceived by administration and line staff, and/or the community to be less costly than other alternatives. If not, note concerns in recording notes.
- *20. Sustainable: Funding considered adequate for the task (operational and personnel). If not, note concerns in recording notes.

C. CLIENT PRE-SERVICE ASSESSMENT

21. Presenting problem: Examples are substance abuse, emotional problems, anti-social values, sexual offending, etc.
- *22. Appropriateness: The type of client presently received by the program is appropriate as defined by programmers. If not, note concerns in recording notes.
- *23. Exclusions: There is a rational clinical or legal basis for the exclusion of certain types of clients from program participation. Note what types in recording notes.
- *24. Risk: A reasonable survey of static risk factors of recidivism (e.g., age, number of convictions) from the perspective of the programmers. Please note the factors nominated do not necessarily have to be those with proven predictive validity. This criteria also applies to #26, #28.
- *25. Method: This item is scored if the risk factors are measured by a recognised psychometric scale/test (e.g., MMPI-Pd, PCL-R) or a standardised interview that can be quantified (e.g., LSI-R). File records and clinical notes are acceptable if they quantify the relevant information.
- *26. Need: As with #24 — the needs are dynamic attributes of offenders and their circumstances (e.g., anti-social attitudes and behaviours).
- *27. Method: As with #25.

**CORRECTIONAL PROGRAM ASSESSMENT INVENTORY (CPAI)
SCORING GUIDE**

- *28. Responsivity: The responsivity of offenders to different styles and modes of service. How characteristics of offenders may interact with style and mode of service. Examples: low conceptual level offenders respond better to higher levels of program structure, higher anxiety offenders respond poorly to confrontation, highly verbal approaches would be inappropriate with those of low verbal ability.
- *29. Method: As with #25.
- *30. Risk level defined: Clients personal characteristics are summarised as to level of risk — either qualitatively (high — medium — low) or an actual score such as LSI-R of 24+ = high risk or Wisconsin of 2 = low risk.
- *31. Need level defined: As with #30.
- *32. Responsivity factors defined: As with #30.

D. PROGRAM CHARACTERISTICS

- *33. Program targets: The program must target criminogenic behaviour and attitudes; only then will offenders criminal behaviour be reduced. Please note that if the program targets 3 or less behaviours, all must be in the set noted below. If 4 behaviours, then 3, and if 5 or more, 80% of program targets must be in the acceptable set noted below:
- a) Change attitudes, orientations and values favourable to law violations and anti-criminal role models
 - b) Change antisocial feelings
 - c) Reduce antisocial peer associations
 - d) Reduce problems associated with alcohol/drug abuse
 - e) Reduce anger/hostility level
 - f) Replace the skills of lying, stealing and aggression with prosocial alternatives

**CORRECTIONAL PROGRAM ASSESSMENT INVENTORY (CPAI)
SCORING GUIDE**

- g) Increase self-control, self-management and problem solving skills
- h) Encourage constructive use of leisure time
- i) Improve skills in interpersonal conflict resolution
- j) Promote more positive attitudes/increase performance re: school/work
- k) Resolve emotional problems associated with intra or extra-familial child abuse (physical/emotional/sexual)
- l) Promote family affection/communication
- m) Promote family monitoring and supervision
- n) Improve family problem solving
- o) Resolve deviant sexual arousal
- p) Provide low-pressure, sheltered environment for mentally disordered offenders
- q) Focus on harm done to victim
- r) Relapse prevention: ensuring the client is able to recognise high risk situations that lead to law-breaking and has a concrete plan to deal with these situations
- s) Alleviate the personal and circumstantial barriers to service (client motivation, background stressors).

*34. Treatment:

In recording responses as to type of treatment, please note the name of the treatment, e.g., social skills training, group therapy, milieu therapy, family therapy, etc. Enquire about the details of the treatment (obtain a program outline or manual) and then check this item if any of the following criteria are met.

Acceptable responses re: type of treatment are noted below. These strategies have been demonstrated to be effective in reducing recidivism.

CORRECTIONAL PROGRAM ASSESSMENT INVENTORY (CPAI) SCORING GUIDE

- a) Radical behavioural — classical conditioning (e.g. desensitisation), operant conditioning schedules of reinforcement (e.g., fixed interval, variable ratio), involving prompting, shaping, fading and stimulus control strategies that are directed to specific criminogenic behaviours. Token economies and contingency management strategies are typical examples of operant programs.
- b) Social learning — modelling and behavioural rehearsal techniques that engender self-efficacy.
- c) Cognitive behavioural — cognitive therapy, cognitive skills training, problem solving therapy, rational-emotive therapy, self-control procedures, self-instructional training, stress inoculation training are some of the common techniques in this area.
- d) Programs that, while denying they are behavioural in nature, state criminogenic need (see #34) was targeted and a structured intervention was employed to change the need being targeted. Investigate this item carefully. Record necessary information in recording notes.

Note:

Those strategies that are ineffective in reducing recidivism are non-directive, psychoanalytic, group milieu therapies and chemotherapies. Punishing smarter programs (e.g., boot camps, drug testing, electronic monitoring, shock incarceration) are also ineffective.

For a point to be recorded for #34 there must be a match between what is defined as an acceptable target behaviour and the treatment on the basis of the categories noted in #33. Please note that if no point is recorded for #33, no point can be given to #34.

*35. Location:

In a prison, program participants are separated from rest of population unless the entire institution is involved in the program. In the community, whereabouts of clients and peer associations are closely monitored by staff or other means.

**CORRECTIONAL PROGRAM ASSESSMENT INVENTORY (CPAI)
SCORING GUIDE**

- *36. Manual: Program has a detailed program/activities manual. Append information.
- *37. Involvement: Clients spend at least 40% of time per week in therapeutic tasks which can also include work and leisure activities.
- *38. Intensity/risk: The higher risk clients receive the highest intensity/duration of service.
- *39. Treatment and client: Offenders are assigned to programs that match up best with their interests, style of learning, etc. See #28 for examples.
- *40. Staff & program: Staff assigned to a program their skills match up with best (e.g., staff who function best with high degree of structure work in a contingency management program).
- *41. Staff & client: Staff are assigned to clients they can work with effectively (e.g., high conceptual level staff assigned to like clients).
- *42. Client input: Input into some programmatic structures and can modify some features of rules and regulations of the program. Must be approved by programme supervisor.
- *43. Ratio: Rewards should outnumber punishers by at least 4:1.
- Punishment: score items #45 — 47 only if it can be clearly established that the punishments used in the program are clearly intended to suppress anti-social behaviour after termination of the program.
- *44. Theory: Theory supporting the type of punishment used is described (e.g., negative law of effect, competing response theory).
- *45. Stimuli: Effective punishing stimuli are electric shock, drug induced aversion, mild aversive stimuli, covert sensitisation, overcorrection, time-out, and response cost.

**CORRECTIONAL PROGRAM ASSESSMENT INVENTORY (CPAI)
SCORING GUIDE**

- *46. Procedure: Punishing stimuli are administered in the following manner: escape is impossible, maximum intensity, earliest point in deviant response, after every occurrence of deviant behaviour, immediate, not spread out, alternative prosocial behaviours provided after punishment administered, vary punishers. Last item is optional.
- *47. Negative effects: There is assessment as to whether the punishment produces emotional reactions (fear, interfere with new learning, disrupts social relationships), produces avoidance/aggression toward punishers, increases future use of punishment by offender, produces response substitution, and lacks generalisation. For this item to be scored 4 of the 5 criteria should be met.
- *48. Completion criteria: Criteria clearly outlined as to when program terminates for each client. Termination should be defined by progress in acquiring pro-social behaviours, beliefs while in program or engaging in behaviour that seriously jeopardises the safety of staff and other clients.
- Note: #49-54 pertain to relapse prevention strategies which are commonly applied to substance abusers and sex offenders. Please note #52-54 are infrequently found in prison based settings.
- *49. Monitor: Client trained to observe and anticipate problem situations.
- *50. Rehearse: Client plans and rehearses alternative prosocial responses.
- *51. Practise: Client practises new prosocial behaviours in increasingly difficult situations. Improved competencies rewarded.
- *52. Advocacy/brokerage: Client referred to other services that have established formal links with the present program under review and that offer service relevant to offenders needs. There must be documented confirmation the services have been received.

**CORRECTIONAL PROGRAM ASSESSMENT INVENTORY (CPAI)
SCORING GUIDE**

- | | |
|--------------------------|--|
| *53. Support therapists: | Significant others (e.g., family, friends) trained to provide support. |
| *54. Booster session: | Client returns to relearn/reinforce skills originally taught in formal treatment phase of program. |

E. STAFF CHARACTERISTICS/PRACTICES

All items refer to full/part-time staff (excluding the program director).

- | | |
|--------------------------|--|
| *55. Education: | 75% of staff have an undergraduate degree/ equivalent, 10% of staff have an advanced degree. |
| *56. Area of study: | 75% of staff have training in criminal justice, education, nursing, psychology, social work or specialised fields (e.g., addictions). |
| *57. Experience: | 75% of staff have worked in treatment programs with offenders for at least 1 year. |
| *58. Personal qualities: | Staff are hired on at least 5 of the following factors: clarity, conceptual level, empathy, fairness, life experiences, non-confrontational but firm, problem solving, spontaneous. Record evidence in notes. Also, should be a check on person s background. |
| *59. Stability: | 50% of staff have remained on job for at least 2 years. |
| *60. Assessment: | Staff are assessed yearly on clinical skills related to service delivery. Also, staff receive regular clinical supervision. Documentation required. |
| *61. Training: | Staff receive formal training in theory and practise of interventions employed. Staff receive further exposure (e.g., workshops, courses, on-job training, conferences) relevant to program material. One instance per staff per year. Documentation required. |
| *62. Program input: | Staff are able to modify program structure. Modifications must be approved by program supervisor/review board. Record examples in notes. |

**CORRECTIONAL PROGRAM ASSESSMENT INVENTORY (CPAI)
SCORING GUIDE**

F. EVALUATION

- | | |
|------------------------------|---|
| *63. Quality assurance: | A management audit system mechanism in place that consists of a) within program checks, file review, problem orientated records, etc., that monitor treatment progress, b) clinical supervision and c) client feedback. |
| *64. Consumer satisfaction: | Clients surveyed each year as to satisfaction with service. |
| *65. Within program: | Periodic, objective, standardised assessment of clients on program target behaviours. Must be tangible evidence in files. |
| *66. Follow-up: | Client re-arrest, reconviction, or re-incarceration data gathered at 6 months or more after leaving program. |
| *67. Methodological quality: | As above, with at least one evaluation in last 5 years, comparing treatments outcome with a risk-control comparison group of some sort. |
| *68. Unpublished report: | A document containing introduction, method, results, discussion on file that details effectiveness of program. |
| *69. Peer Review: | As above, in an edited journal. |

G. OTHER

- | | |
|--------------------------|--|
| *70. Client records: | Client records are kept in a confidential file. Records must have social history, record of presenting problem, assessment data, program progress notes, etc. Review actual files. |
| *71. Ethical guidelines: | Documentation of the ethics of intervention (e.g., least intrusive intervention, etc). |
| *72. Program change: | No noticeable changes in program components in last 2 years that jeopardised smooth functioning of program. |
| *73. Program funding: | As above in #72. |

**CORRECTIONAL PROGRAM ASSESSMENT INVENTORY (CPAI)
SCORING GUIDE**

*74. Program community support:

As above in #72.

*75. Advisory board:

A group of individuals (e.g., Board of Directors, or one person such as a consultant) officially designated to advise program.

H. SCORING

Record a % score for each subsection and for the total. A % score is used as some N/As may apply to some questions and the points available in each section vary.

Category	Pts. available	N/A	# Pts. Scored	%
A. Program demographics	no scoring			
B. Program implementation	11			
C. Client pre-service assessment	11			
D. Program characteristics	22			
E. Staff characteristics	8			
F. Evaluation	7			
G. Other	6			
Total	65			
Very satisfactory	70% +			
Satisfactory	50-69%			
Unsatisfactory	below 50%			

I. EVALUATOR RECORDING NOTES

Use this section to record problematic and contextual aspects of your evaluation and any qualifications you may wish to make re: confidence in your results and ratings.

**CORRECTIONAL PROGRAM ASSESSMENT INVENTORY (CPAI)
SCORING GUIDE**

J. EVALUATOR

Name and position title of evaluator.

**CORRECTIONAL PROGRAM ASSESSMENT INVENTORY (CPAI)
ANSWER FORM**

A. PROGRAM DEMOGRAPHICS

1. Name of program: _____
2. Name of contact person: _____
3. Years in operation: _____
4. Setting: _____

5. Number of offenders/probationers/residents
juvenile _____
adult _____
% male/female _____
6. Number of Staff
Full-time _____
Part-time staff _____
% male/female _____
7. Program budget: _____
8. Government/private: _____
9. Program philosophy: _____

**CORRECTIONAL PROGRAM ASSESSMENT INVENTORY (CPAI)
ANSWER FORM**

B. PROGRAM IMPLEMENTATION

Program director		Program	
10. program initiation	_____	15. literature review	_____
11. qualifications	_____	16. pilot	_____
12. previous experience	_____	17. need	_____
13. select/train staff	_____	18. value congruency	_____
14. conduct program	_____	19. cost-effective	_____
		20. sustainable	_____

C. CLIENT PRE-SERVICE ASSESSMENT

21. Presenting problem(s): _____

22. Appropriateness: _____

23. Exclusions: _____

Characteristics assessed	Method of assessment
24. Risk: _____	25. _____
26. Need: _____	27. _____
28. Responsivity: _____	29. _____
30. Risk level defined:	_____
31. Need level defined:	_____
32. Responsivity factors defined:	_____

**CORRECTIONAL PROGRAM ASSESSMENT INVENTORY (CPAI)
ANSWER FORM**

D. PROGRAM CHARACTERISTICS

- | | | | |
|---------------------------------|-------|-------------------------|-------|
| 33. program targets | _____ | 34. treatment | _____ |
| 35. location | _____ | 45. stimuli | _____ |
| 36. manual | _____ | 46. procedure | _____ |
| 37. involvement | _____ | 47. negative effects | _____ |
| 38. intensity/risk | _____ | 48. completion criteria | _____ |
| 39. treatment/client | _____ | 49. monitor | _____ |
| 40. staff/program | _____ | 50. rehearse | _____ |
| 41. staff/client | _____ | 51. practise | _____ |
| 42. client input | _____ | 52. advocacy/brokerage | _____ |
| 43. ratio rewards/
punishers | _____ | 53. support | _____ |
| 44. theory | _____ | 54. booster sessions | _____ |

E. STAFF CHARACTERISTICS/PRACTICES

- | | | | |
|-------------------------|-------|-------------------|-------|
| 55. education | _____ | 59. stability | _____ |
| 56. area of study | _____ | 60. assessment | _____ |
| 57. relevant experience | _____ | 61. training | _____ |
| 58. personal qualities | _____ | 62. program input | _____ |

**CORRECTIONAL PROGRAM ASSESSMENT INVENTORY (CPAI)
ANSWER FORM**

F. EVALUATION

- | | |
|---------------------------------------|----------------------------------|
| 63. quality assurance _____ | 67. methodological quality _____ |
| 64. consumer satisfaction _____ | 68. unpublished _____ |
| 65. within-program _____ | 69. peer review _____ |
| 66. follow-up
(post-program) _____ | |

G. OTHER

- | | |
|------------------------------|-----------------------------|
| 70. client record _____ | 73. program funding _____ |
| 71. ethical guidelines _____ | 74. community support _____ |
| 72. program change _____ | 75. advisory board _____ |

H. SCORING

- | | |
|-------------------------|--------------------|
| very satisfactory _____ | satisfactory _____ |
| unsatisfactory _____ | |

Correctional Programme Assessment Inventory (CPAI) - Revised Interview Schedule

A. Program Demographics

1. Program name:
2. Contact person:
Title:
Address:
Phone:
Fax:
3. How many years has the programme been in operation?
4. What is the setting in which the programme operates? (layout of agency)
 - community
 - institution
5. How many offenders are attending the program at present?
 - Numbers of juveniles: adults
 - Numbers of men : women
 - Numbers according to ethnic background - Maori: Pakeha: Pacific Island: Other

The next few questions relate to staff providing services to offenders:

6. Number of staff:
 - full-time (35 hours)
 - part-time
 - men : women
 - Ethnic makeup - Maori : Pakeha : Pacific Island : Other.
7. How many of your staff have university undergraduate or post-graduate degrees? For those who have degrees what was the main area of study for each person?
8. Describe any specialized areas associated with the helping profession that the agency s staff have been trained in?
9. How long has each member of the agency s staff worked in treatment programmes for offenders?
10. When your agency is hiring staff what personal qualities or criteria do you consider during the selection process?
11. How long has each of your staff members been working for this program?

12. How many of the agency's staff have received training in the theory and practice of interventions used by this program?
13. Do the agency's staff receive clinical supervision?
14. How often are staff's clinical skills assessed?
15. Do staff have the opportunity to modify the program's structure and content?

The next group of questions relate to the funding of the service:

16. What is the programme's annual budget?
17. Funding Sources (identify):
 - government
 - private
18. Is the present level of funding adequate to sustain the programme's present level of operation?
19. How would you rate the cost effectiveness of your programme compared to other programmes of the same sort?

The next group of questions relate to the programme's policies

20. What is the philosophy, mission or rationale that underpins your programme?
 21. In what way do you think the programme's goals and values are aligned with those of the wider community?
 22. In the programme's policy document is there a statement that reflects the Treaty Principles?
 23. Does the programme have an advisory board designated to advise the programme?
 24. Does the programme have a code of ethics?
-

B. Program Implementation

The next five questions relate to the person who has overall responsibility for managing the program.

25. Was the programme manager involved in setting up the program?
26. Has the programme manager received any training in one of the helping professions?
27. What length of time has the programme manager been involved with services and programmes for offenders?
28. Is the programme manager involved in:
 - hiring staff
 - training staff
 - supervising staff
 - service delivery to clients

The next three questions relate to the time when the programme first began.

29. How did the agency know there was a need for this type of programme before it was set up?
30. Did the programme conduct a literature search to find relevant materials with which to design the programme? From what other sources did you find information with which to design the content and delivery of the programme?
31. When the programme was first designed was it piloted to sort out programme logistics and content? If so, how long was the pilot programme?

C. Client Pre-service Assessment

32. What sort of problems do offenders present during assessment?
33. Do all offenders presently referred to your agency match your criteria for entry?
34. Would there be any reasons for excluding some offenders from participation in the agency's programme?
35. During the initial pre-service assessment what sort of information do you routinely gather from offenders? (list of possible factors)
36. Does this assessment include a review of the offender's level of risk and need?

37. During this initial contact, is the offender s likely response to different styles and modes of service delivery explored?
38. During the assessment, does the assessor ask Maori Clients about the suitability of this programme s delivery for them?
39. Which of the following methods do you use to gather this assessment information?
- unstructured interview
 - structured interview using a questionnaire
 - measurement instruments
 - other
40. Has the agency established formal links with other agencies to which clients can be referred when necessary?
41. Has this agency ever experienced any difficulties finding relevant alternative services to address identified offender needs that cannot specifically be addressed by this agency?
42. Describe any formal links /protocols that the agency has developed for talking with local Iwi and Maori groups about programme development or programme issues?

D. Programme Characteristics

43. Does your programme target any of the following behaviours?
(hand the informant the list entitled List of behaviours and attitudes that the Service might target)
44. What strategies of intervention do staff use during service delivery? *(hand the informant the list entitled Modes of Treatment)*
45. Give examples of how the delivery of your programme would meet the treatment needs of Maori offenders?
46. Does the programme have a Manual that outlines the components of the programme?
47. In one week what percentage of time would offenders be involved in treatment?
48. Do higher risk offenders receive a longer duration or higher intensity of service?

49. Is the agency able to match:
- modes of programme delivery to client learning styles
 - staff skills to different types of service delivery
 - staff to clients with whom they can work effectively
50. How do staff reward clients for demonstrating positive changes?

The next questions relate to non-attendance and when clients break the programme s rules.

51. What types of consequences does the agency use for offenders who behave inappropriately whilst attending your programme? How are these consequences applied? What result would the programme expect from applying consequences for inappropriate behaviour?
52. How do clients react to the application of these consequences?
53. Do you think that such consequences assist clients to continue to suppress inappropriate behaviour after programme completion?
54. What ratio of rewards to consequences would the program employ during service delivery?

The next group of questions ask you to consider strategies that might assist the clients to maintain behavioural change and how the agency might monitor such changes.

55. The use of relapse prevention can involve a number of strategies. Does this agency use any of the following strategies when working with offenders:
- teach offenders to anticipate and observe problem situations that might lead to anti-social behaviour.
 - provide the client with opportunities for planning and rehearsing alternative pro-social responses.
 - provide opportunities for the offender to practice new pro-social behaviours in increasingly difficult situations
 - reward offenders for demonstrating positive behavioural changes
 - teach significant others (family and friends) how to support the offender to make positive behavioural changes
 - provide offenders with opportunities to return to the programme to re-learn or re-enforce skills originally learnt in the formal treatment programme
56. Are there any ways in which the agency receives feedback about clients behaviour in the community in between treatment or counselling sessions?
57. How do you assess when the offender has satisfactorily completed the programme?

58. Do these client records contain a social history, record of presenting problems, assessment data and program progress notes?
59. Are client records kept in a confidential file?

E. Evaluation

60. Does the programme have a management audit system that includes:
- a check on programme delivery and client records to see whether clients are making progress towards achieving their treatment goals
 - a check on whether clinical supervision occurs for staff
 - an evaluation of client feedback
61. Does the programme carry out a client satisfaction survey? If so, how frequently does this occur?
62. Does the programme collect offender re-arrest, re-conviction or re-incarceration data after the client leaves the programme? If so, did this evaluation include a comparison of treatment outcomes with a risk-control comparison group?
63. Has the programme compiled a report that details the effectiveness of the programme? Was this report ever published?

F. Other

64. In the last two years have there been any programme changes that might have jeopardized the smooth running of the programme?
65. In the last two years have there been any changes in the programme's funding that might have jeopardized the smooth running of the programme?
66. In the last two years have there been any changes in community support that might have jeopardized the smooth running of the programme?

List of behaviours and attitudes that the programme might target:
(Hand to informant at question 41 of revised CPAI)

1. Change attitudes, orientations and values favourable to law violations; and anti-criminal role models
2. Change anti-social feelings
3. Reduce anti-social peer associations
4. Reduce problems associated with alcohol / drug abuse
5. Reduce anger/hostility level
6. Replace lying, stealing and aggression with pro-social alternatives
7. Increase self-control, self-management and problem-solving skills
8. Encourage constructive use of leisure time
9. Improve skills in inter-personal conflict resolution
10. Promote more positive attitude / increase performance in relation to school or work
11. Resolve emotional problems associated with intra or extra-familial child abuse (physical; emotional; sexual)
12. Promote family affection and communication
13. Promote family monitoring and supervision
14. Improve family problem solving
15. Resolve deviant sexual arousal
16. Provide low-pressure, sheltered environment for mentally disordered offenders
17. Focus on harm done to the victim
18. Relapse prevention - ensuring the client is able to recognize high risk situations that lead to law breaking and has a concrete plan to deal with these situations
19. Alleviate the personal and circumstantial barriers to service e.g. client motivation; background stressors.
20. Other

Modes of Treatment

(Hand to informant at question 43 of Revised CPAI)

1. AA
2. Advocacy
3. Budget advice
4. Chemicals
5. Client centered approach
6. Cognitive behavioural - examples include;
 - a) cognitive therapy
 - b) cognitive skills training
 - c) problem solving
 - d) rational-emotive therapy
 - e) self-control procedures
 - f) self-instructional training
 - g) stress reduction techniques
7. Controlled drinking
8. Covert sensitization
9. Cognitive skills
10. Detoxification
11. Drug Testing
12. Education
13. Electronic monitoring
14. Family therapy
15. Literacy
16. Marital therapy
17. Milieu therapy
18. Moral development
19. Non-directive counseling
20. Operant strategies e.g. reinforcement; token economies; contingency management
21. Positive peer culture
22. Psychoactive drugs
23. Psychodynamic therapy
24. Recreation
25. Restitution
26. Social skills
27. Social learning - examples include;
 - a) Modeling
 - b) behavioural rehearsal
28. Spiritual
29. Stress management
30. Surveillance
31. Vocational
32. Whanau-based approach
33. Other

Cultural Questions Incorporated into Revised CPAI Schedule:

1. Describe the ethnicity of programme staff? (see question 6 in revised schedule)
2. In the programme's policy document, is there a statement that reflects the principles of the Treaty of Waitangi? (see question 22 in revised schedule)
3. During the assessment, does the assessor ask Maori clients about the suitability of this programme's delivery for them? (see question 38 in revised schedule)
4. Give examples of how the design of your programme would meet the treatment needs of Maori clients? (see question 44 in revised schedule)
5. Describe any formal links/protocols that your programme has developed for consulting/liasing with local Iwi or Maori groups about programme development or programme issues? (see question 41 in revised schedule)

Questions concerning the Utility, Understandability and Transferability of the CPAI

1. Can you comment on the usefulness of the CPAI as:
 - A standard for accreditation
 - A standard with which funders could select programmes to purchase
 - A standard for monitoring or review
 - A means for providing direction for programme development and planning
2. What was useful about answering the questions in the CPAI?
3. Did you find any difficulties with the content of the questions in the CPAI?
4. Are there ways that you can think of in which the CPAI could be developed to be more appropriate to programmes delivered in the New Zealand context?

Letter of thanks addressed to informants who took part in the administration of the CPAI

Department of Social Work

University of Canterbury Private Bag 4800 Christchurch New Zealand

Telephone: 03 364 2443

Fax: 03 364 2498

December 1998

Name of Informant

Dear

Research Project to fulfil the Requirements of a Degree of Doctor of Philosophy — Purchase of Service Contracting

As promised, find attached the summary report which outlines aspects of your service provision to offenders as they apply to the Correctional Programme Assessment Inventory (CPAI). The report begins with a brief introduction, which describes the dimensions of this psychometric instrument. Following this introduction, the information that you gave me at interview has been applied to each item included in the seven dimensions that comprise the CPAI. Note that an additional dimension has been added — the cultural dimension, which was developed in consultation with a cultural advisor.

As you are aware this analysis of the usefulness of the CPAI in New Zealand is but one aspect of my research project, which aims to explore the impact of the State Sector Reforms on purchase of service contracting in the New Zealand correctional context.

I would like to acknowledge your contribution to this project during both the earlier telephone interview and when we met more recently. Your description of the services you provide to offenders, and your analysis of your relationship with the Community Probation Service, have provided a rich source of primary data with which to examine the relationship between service providers in the community and government purchasing agencies.

Many thanks again for the time you gave to this project and your thoughtful answers to my questions. I enjoyed working with you on this project. Should you have any further questions about the research project do not hesitate to contact me.

Yours sincerely

Lesley M. Campbell

Programme Report Following the Administration of the CPAI - Sample

(The specific information contained in this report is confidential to *(name of programme)* and the report writer. Information will only be used for aggregate research).

Introduction: **Correctional Program Assessment Inventory (CPAI)** (currently in its 6th edition, Gendreau & Andrews, 1996)

Paul Gendreau and Don Andrews (1990) designed the CPAI several years ago as a means of assessing the extent to which features of a programme matched the various principles of effective correctional programming generated from a review of the current literature. During the intervening years this inventory has been revised several times. The most recent 1996 version comprises 75 individual items distributed across seven dimensions. The first dimension describes the demographics of each programme and is not scored. The remaining six dimensions render an account of a programme's strengths and areas requiring development together with a score that gives some indication of its potential effectiveness. The six scored dimensions are:

1. **Programme implementation** (11 items) is a survey of the conditions under which the programme was introduced.
2. **Client pre-service assessment** (12 items) examines the programme's application of the principles of risk, need and responsivity.
3. **Programme characteristics** (22 items) examines three general areas. The first area examines whether the programme targets criminogenic behaviours and attitudes and uses intervention strategies that have been demonstrated to be effective in reducing re-offending. The second area focuses on therapeutic integrity by describing the actual delivery of the programme and the degree to which client needs are matched to the intensity of interventions employed and different modes of service delivery. The last area focuses on the use of a system of reinforcers with which to enhance positive behavioural change, together with aspects of relapse prevention.
4. **Staff characteristics and practices** (8 items) surveys staff and training issues.
5. **Evaluation** (7 items) examines the extent of management audit, research and evaluation activities.
6. **Other** (6 items) examines ethical issues and stability factors associated with service provision and funding.

Programme Description: *(name of programme)*

(Name of programme) is a community based programme with premises located in central *(name of location)*. The agency has been operating as an incorporated society since *(Date)*. Principal sources of funding are *(names of funding sources)* and some contributions from self-referred clients. The programme's overall budget is \$*(reported budget)*. There are *(number of staff members)* staff members comprising a mix of full, part-time, contracted and trainee workers. Client numbers at any one point in time were estimated to be *(number of clients)*. Clients are all adult males with an ethnic mix of 16% Pacific Island, 15% Maori and the rest Caucasian. The principal rationale underlying

service provision is to be accountable to, and ensure the safety of the partners of the men to whom the programme is delivered.

Programme Implementation:

The present coordinator was not an agency staff member at the time of the service's inception. However the then (*year when the service commenced*) coordinator was professionally trained, had experience and involvement with managing successful programmes for offenders, and was also familiar with the literature in this field, in particular the Deluth model. This model was used as the basis for the implementation of the present programme.

The present coordinator is professionally qualified and involved in several dimensions of staff management and programme delivery. (X) has a good knowledge of the research literature which (X) uses to further develop aspects of the programme.

The literature indicates that there are several factors that should be addressed for successful programme implementation. While this service adopted the Deluth model that had earlier been implemented by the (*another programme*) and it is clear that a review of the corrections literature guided the design of that programme, there is no evidence that (*name of programme*) conducted a documented assessment of need for the programme nor was the programme piloted in (*name of location*) before the formal programme began in this location to sort out programme logistics. Despite this the agency did gather anecdotal evidence about the demand for this type of service; and information about programme logistics and content, gleaned from the (*name of other programme that used similar model*) experience of piloting the programme, was considered by this agency. Other aspects of successful programme implementation, such as a degree of consistency between the agency's goals and values and those of the community, adequacy of funding for service provision and its cost effectiveness are present.

Client Pre-service Assessment:

Static Risk Factors - During assessment there is a survey of risk factors of recidivism. These factors include history of offending, number of Protection Orders imposed, number of previous relationships, possible past association between the use of alcohol and incidences of violence and a survey of various types of violence used by the client. Risk factors are not measured by a recognized psychometric scale, although they are recorded in the client's case notes. This information is not numerically quantified, however on some occasions level of risk is qualitatively defined as high, medium or low.

Dynamic Risk Factors / Criminogenic Needs - During assessment there is a comprehensive survey of attitudes, beliefs and behaviours associated with violence. In addition the client is asked about his anti-social peer associations; and whether alcohol or drug abuse was associated with his violent behaviour. Criminogenic needs are not measured by a recognized psychometric scale, however they are recorded on a structured questionnaire which quantifies the number of different types of violent strategies used by

each client. The level of a client's criminogenic needs are not numerically scored, although on some occasions level of need is qualitatively defined as high, medium or low.

Responsivity - There is some evidence that client pre-service responsivity or treatment readiness is covered with clients during assessment. For example, the degree to which the client recognizes his behaviour as problematic, his views and expectations about the programme offered and goal setting. However, the responsivity of clients to different modes and styles of service delivery is not discussed at the pre-service assessment and therefore they are neither noted in case notes nor defined numerically or qualitatively.

Programme Characteristics:

The programme clearly targets criminogenic behaviours, attitudes and values particularly those reflected in the various aspects of the power and control wheel. The treatment intervention was described as educational and is conducted in a group setting.

Cognitive / behavioural methods predominate - strategies which have been demonstrated to be effective in reducing re-offending. The therapeutic integrity of the programme is high as evidenced in the programme's two manuals - one addresses programme delivery and the other comprises the tools and intervention strategies that correspond to the various modules in the curriculum.

According to the principles of effectiveness in a correctional setting offenders should spend at least 40% of their time in treatment. Additionally high risk clients should receive the highest intensity or duration of service. Being a core programme as opposed to a hierarchical programme it is difficult for either of these principles to be met. Clients attend the programme one evening each week for the duration of the programme and the same programme is delivered to all clients regardless of their level of risk.

During service delivery the agency addresses the responsivity principle in a number of ways. Facilitators present the material in a variety of ways to match the different learning styles of clients. Facilitators are hired by this agency because their skill set is best suited to this type of programme. Staff are expected to have highly developed people skills which enable them to work effectively with a range of different clients. Although this situation is highly desirable most workers would have a preferred style of working (e.g. high conceptual level staff assigned to like clients). Therefore to strengthen this aspect of the work the agency could consider workers with different preferred styles of service delivery being assigned to work together.

The programme has developed a fairly strong system of reinforcers. However, there was some concern within this interagency model about a lack of consistency with respect to implementing consequences for anti-social behaviour. This may be the result of insufficient theoretical knowledge about the role of reinforcers in behavioural change. Some training around this area may assist.

Most relapse prevention strategies are present in this programme. This area would be strengthened with the introduction of a post-programme maintenance group and the use of a support system where each client had at least one support person to whom they were accountable to in the community between treatment sessions and following programme completion. Such systems are often used in sex offender treatment programmes.

The programme has developed strong formal and appropriate links with numerous other services that clients can be referred to when necessary.

Staff Characteristics and Practices:

The majority of programme staff have tertiary qualifications related to the helping professions. Staff have considerable experience in working in programmes with offenders and in particular have a lengthy association with this agency. Staff are, in part, employed on the basis of characteristics (clarity, conceptual level, non-confrontational but firm, etc.) associated with effective counselling skills, although a hiring protocol using an actuarial assessment of these qualities was not sighted. Staff are well trained in the theory and practice of the interventions used by the programme and receive regular ongoing training. To some extent staff have the opportunity to modify the programme after consultation with the coordinator.

Evaluation:

The programme has a strong audit system that monitors treatment progress of clients, clinical supervision for staff and client feedback. Client satisfaction with the service is surveyed at the conclusion of each programme.

Systematic and thorough evaluation studies which either compare treatment outcomes for participants with a risk control group, or which focus on programme effectiveness are not present. However, the agency is aware that such evaluation studies are possible using data collected by the (*name of an evaluation project*).

Other:

From an ethical perspective the agency is strong. The programme has a code of ethics, client files are kept in a confidential file and the members of the Management Committee have a variety of skills and expertise with which to advise the programme.

Although the stability of service delivery has not been effected by programme changes during the past two years, difficulties with purchaser funding protocols in (*date*) and the consequent concern felt by the community when these issues were politicized did have a somewhat de-stabilizing effect on the programme's functioning at that time. At the time of interview these issues had been resolved.

Cultural:

The ethnic mix of staff matches that of the client group.

The agency recognizes its Treaty obligations and this is noted in the policy documents.

The agency adheres to the concept of parallel development of Maori and mainstream social services and all Maori clients are referred to a Maori service provider for assessment.

Maori experiences and tradition underlie all the modules of the programme.

The programme has developed strong links with local Maori Iwi and local Maori groups in order to consult with them about any programme developments and issues.

Scoring:

Information with which to score (*name of programme*) against the items comprising the CPAI, was based on that reported by the agency s (*position of informant*) during a face-to-face interview on (*date of interview*). Note that the CPAI is designed to focus on the clinically relevant aspects of programme delivery in a correctional setting. Three classifications are used to score a programme s quality: very satisfactory (70%+), satisfactory (50-69%), and unsatisfactory (below 50%).

Category	Items Available	Items Scored
A. Programme demographics	no scoring	
B. Programme Implementation	11	7
C. Client pre-service assessment	12	8.5
D. Programme characteristics	22	15.5
E. Staff characteristics	8	7.5
F. Evaluation	7	3
G. Other	6	4.5
H. Cultural	5	5
Total	71	51

(*name of programme*) - Overall percentage score - 71.83%

APPENDIX 3

- Risk Reassessment
- Assessment of Offender Needs
- Client Profile form
- Proposal for Funding from the Community Corrections Service ¹⁰²
- Department of Corrections Purchase Agreement (The Contract)
- Programme Provider Quarterly Report
- Managers Quarterly Report

¹⁰² The Community Corrections Service changed its name to the Community Probation Service after the data collection phase of this research project.



DEPARTMENT
OF CORRECTIONS

CCS105

Risk Reassessment

<u>SURNAME</u>	<u>FIRST NAME</u>	<u>MIDDLE</u>	<u>CRN</u>
----------------	-------------------	---------------	------------

<u>ORDER</u>	<u>COURT</u>
--------------	--------------

<u>DATE OF ASSESSMENT</u>	<u>CCO</u>	<u>CENTRE</u>
---------------------------	------------	---------------

1. Number of Address Changes in Last 12 Months

- 0 None
2 One
3 Two or more

☐

Comments

**2. Age at First Conviction, Includes Findings of Guilt
(Adult or Children's Court)**

- 0 None
2 One
3 Two or more

☐

Comments

**3. Number of Breaches of Prior Community Correctional Orders (Adult or
Children's Court, exclude fines default reorders)**

- 0 None
2 One or more

☐

Comments

4. Number of Prior convictions, includes finding of guilt, for Indictable Offences, (Adult or Children's Court, exclude current offence)

- 0 None
- 2 One
- 3 Two or more

☐

Comments

5. Conviction or findings of guilt, includes Adult/Child, for

- 1 Burglary, theft, car theft, or robbery
- 2 Worthless Cheque or forgery/ credit card/ deception

☐

Comments

6. Percentage of Time Employed

- 0 Not Applicable
- 0 60% or more
- 1 40% - 59%
- 2 Under 40%

☐

Comments

7. Current Alcohol Usage Problems

- 0 No interference with functioning
- 2 Occasional Abuse, some disruption
- 5 Frequent Abuse, serious disruption

☐

Comments

8. Current Drug Usage Problems

- 0 No interference with functioning
- 2 Occasional Abuse, some disruption
- 5 Frequent Abuse, serious disruption

☐

Comments

9. Difficulties with Current Living Situation

- 0 Relatively stable
- 3 Moderate dysfunction or stress
- 5 Major dysfunction or stress

☐

Comments

10. Social Identification

- 0 Mainly People without criminal convictions
3 Mainly People with criminal convictions

☐

Comments

11. Response to Court/Board/Community Based Corrections imposed conditions

- 0 No problems of consequence
3 Moderate compliance
5 Has Been Unwilling to Comply

☐

Comments

12. Use of Community Resources

- 0 Not needed
1 Productively utilised
2 Needed but not available
3 Utilised but not beneficial
4 Available but rejected

☐

Comments

13. Conviction for Specified Assaultive Offence within the last Two Years.

Specified Offences are;

- Abduction
Aggravated Burglary
Assault causing actual / grievous bodily harm
Armed Robbery
Murder / Manslaughter
Sexual offences which include force, threat of force or intimidation.

☐

- 15 Yes
0 No

Comments

Total

Risk Scale

- | | |
|---------------|--------------|
| Low Risk | 0 to 7 |
| Moderate Risk | 8 to 14 |
| High Risk | 15 and over. |



DEPARTMENT
OF CORRECTIONS

Assessment of Offender Needs

Select the appropriate answer and enter the associated weight in the score box. Higher numbers indicate more severe problems and a requirement to consider a referral. If an offender should be referred to a community resource tick the referral need on the line provided. This information should be considered when developing risk reduction and rehabilitation goals. Total all scores.

1) Academic / Vocational Skills

- 1 High Educational / Vocational Skill Level
- 0 Adequate skills able to handle everyday requirements
- +2 Low Skill level causing minor problems
- +4 Minimal Skill Level causing serious problems

Comments

2) Employment

- 1 Satisfactory employment for one year or longer
- 0 Secure employment, no difficulties reports, or home duties, student or retired
- +3 Unsatisfactory employment or unemployed but with adequate jobs skills
- +6 Unemployed and virtually unemployable

Comments

3) Financial Management

- 1 Long standing pattern of self sufficiency, eg good credit rating
- 0 No current Difficulties
- +3 Situational or minor difficulty
- +5 Severe difficulties may include garnishment, bad cheques or bankruptcy

Comments

4) Marital / Family Relationships

- 1 Support exceptionally strong
- 0 Relatively stable relationships
- +3 Some dysfunction but potential for improvement
- +5 Major dysfunction

☐

Comments

5) Companions

- 1 Good support and influence
- 0 No adverse relationships
- +3 Some dysfunction but potential for improvement
- +4 Associations almost completely negative

☐

Comments

6) Emotional Stability

- 1 Exceptionally well adjusted, accepts responsibility for actions
- 0 No symptoms of instability or known psychiatric disorder, appropriate emotional responses
- +4 Emotional instability or psychiatric disorder, limits but doesn't reduce adequate functioning
eg high anxiety
- +7 Emotional instability or psychiatric disorder, significantly reduces adequate functioning
eg lashes out or retreats into self

☐

Comments

7) Alcohol Usage

- 0 No interference with functioning
- +3 Occasional Abuse, some disruption
- +6 Frequent Abuse, serious disruption

☐

Comments

8) Other Drug Usage

- 0 No interference with functioning
- +3 Occasional Abuse, some disruption
- +6 Frequent Abuse, serious disruption

☐

Comments

9) Mental Ability

- 0 Able to Function Independently
- +3 Some need for assistance; potential for adequate adjustment;
 - mild intellectual impairment
- +6 Deficiencies severely limit independent functioning; moderate or significant intellectual impairment

☐

Comments

10) Health

- 0

Sound physical health; seldom ill
- +1

Disability or illness interferes with functioning but treatment is
- self managed
- +2

Serious disability or chronic illness; needs frequent medical care,
current alcoholism and or drug abuse.

☐

Comments

CCO's Impression of Offenders Needs

-1 Minimum

0 Low

+3 Medium

+5 Maximum

☐

Please explain reasons for your impression of offenders needs

Total

Needs Scale

- 8 to 14

Low Needs
- 15 to 24

Moderate Needs
- 25 and Over

High Needs

CLIENT PROFILE

1	SURNAME:	FIRST NAMES:	DATE OF BIRTH
2	SENTENCE TYPE <input type="checkbox"/> SUP <input type="checkbox"/> CP <input type="checkbox"/> Pa <input type="checkbox"/> CS <input type="checkbox"/> PD	SENTENCE LENGTH <input type="checkbox"/> Hours <input type="checkbox"/> Days <input type="checkbox"/> Weeks <input type="checkbox"/> Months <input type="checkbox"/> Life	START DATE Termination Date
3	LOCATION (AS PER AREA)	GANG AFFILIATION: <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Member or Associate </div>	
4	COMMUNITY CORRECTIONS INPUT PRIOR TO SENTENCE		YES / NO
5	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <i>Iwi:</i>	ETHNICITY <input type="checkbox"/> Caucasian <input type="checkbox"/> Cook Islander <input type="checkbox"/> Tongan <input type="checkbox"/> Other Pacific Island <input type="checkbox"/> Asian <input type="checkbox"/> Fijian <input type="checkbox"/> Samoan <input type="checkbox"/> Other <input type="checkbox"/> Maori	EMPLOYMENT <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed <input type="checkbox"/> Beneficiary <input type="checkbox"/> DPB <input type="checkbox"/> ACC <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Employment Scheme <input type="checkbox"/> Other (please specify)
6	OFFENCE TYPE <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Violence - domestic <input type="checkbox"/> Burglary <input type="checkbox"/> Drink Driving <input type="checkbox"/> Traffic <input type="checkbox"/> Theft </div> <div style="width: 50%;"> <input type="checkbox"/> Drug <input type="checkbox"/> Sexual (Adult) <input type="checkbox"/> Fines <input type="checkbox"/> Arson </div> <div style="width: 50%;"> <input type="checkbox"/> Violence - non domestic <input type="checkbox"/> Dishonesty <input type="checkbox"/> Driving While Disqualified <input type="checkbox"/> Damage to Property </div> <div style="width: 50%;"> <input type="checkbox"/> Sexual (child) <input type="checkbox"/> Enforcement <input type="checkbox"/> Other (please specify) </div> </div>		
7	PO/CLIENT IDENTIFIED NEEDS (INCLUDES THOSE IDENTIFIED BUT FOR WHICH NO PROGRAMMES ARE CURRENTLY AVAILABLE) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> Alcohol <input type="checkbox"/> Drug <input type="checkbox"/> Financial <input type="checkbox"/> Employment <input type="checkbox"/> Psychiatric <input type="checkbox"/> Psychological <input type="checkbox"/> Special needs (disability) <input type="checkbox"/> Physical Health </div> <div style="width: 33%;"> <input type="checkbox"/> Sexual <input type="checkbox"/> Driver - drink <input type="checkbox"/> Driver - disqualified <input type="checkbox"/> Training / Education <input type="checkbox"/> Literacy <input type="checkbox"/> Anger / Violence <input type="checkbox"/> Domestic relationships/parenting <input type="checkbox"/> Cultural </div> <div style="width: 33%;"> <input type="checkbox"/> Accommodation <input type="checkbox"/> Leisure <input type="checkbox"/> Associates <input type="checkbox"/> Social Skills <input type="checkbox"/> Cognitive Skills <input type="checkbox"/> Other (please specify) </div> </div>		
8	RISK RATING <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> </div>		
9	Supervising Probation Officer: <div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div>		

PROPOSAL FOR FUNDING
FROM THE

COMMUNITY CORRECTIONS SERVICE

Introduction

The Community Programme and Maatua Whangai funds are administered by Community Corrections on behalf of the Department of Corrections. These funds are public money and therefore we must be accountable for their distribution. The proposal system is designed to ensure we fund organisations which can provide the programmes needed at a reasonable cost.

Programme Sought *(to be completed by Community Corrections Area Manager)*

To:

you are invite to submit a proposal for the provision of a programme for Community Corrections clients as outlined below.

a) Need(s) which the programme must address:

Alcohol	<input type="checkbox"/>	Sexual	<input type="checkbox"/>	Accommodation	<input type="checkbox"/>
Drug	<input type="checkbox"/>	Driver - drink	<input type="checkbox"/>	Leisure	<input type="checkbox"/>
Financial	<input type="checkbox"/>	Driver - disqualified	<input type="checkbox"/>	Associates	<input type="checkbox"/>
Employment	<input type="checkbox"/>	Training / Education	<input type="checkbox"/>	Social Skills	<input type="checkbox"/>
Psychiatric	<input type="checkbox"/>	Literacy	<input type="checkbox"/>	Cognitive Skills	<input type="checkbox"/>
Psychological	<input type="checkbox"/>	Anger / Violence	<input type="checkbox"/>		<input type="checkbox"/>
Special Needs (disability)	<input type="checkbox"/>	Domestic relationships / Parenting	<input type="checkbox"/>		<input type="checkbox"/>
Physical Health	<input type="checkbox"/>	Cultural	<input type="checkbox"/>		<input type="checkbox"/>

Age Group:	<input type="checkbox"/>	Under 17yrs	Ethnicity:	<input type="checkbox"/>	Caucasian
	<input type="checkbox"/>	17-19yrs		<input type="checkbox"/>	Maori
	<input type="checkbox"/>	20-25yrs		<input type="checkbox"/>	Tongan
	<input type="checkbox"/>	26-30yrs		<input type="checkbox"/>	Samoan
	<input type="checkbox"/>	31-40yrs		<input type="checkbox"/>	Fijian
	<input type="checkbox"/>	41-50yrs		<input type="checkbox"/>	Other Pacific Island
	<input type="checkbox"/>	51+ yrs		<input type="checkbox"/>	Cook Islander
				<input type="checkbox"/>	Asian
				<input type="checkbox"/>	Other

Location: Residential / Non-residential

No. of placements:

Please submit your proposal to: Area Manger
Community Corrections Service

by:

If you have any queries regarding this proposal or the funding process please contact:

PART 1

GENERAL INFORMATION

FULL NAME OF ORGANISATION:

POSTAL ADDRESS;

CONTACT PERSON

PHONE:

FAX:

Organisation

Is your organisation an:

Incorporated Society

Charitable Trust

Company

Maori Association

Maori Executive Committee

Informal Community Group

Government Training Establishment

If not, go to page 5.

If yes, answer the following, then go to page 6.

a) Draw a diagram showing your management structure.

b) List the trustees / directors / office holders of your organisation and their title.

Is your organisation:

Partnership
Individual

If not, describe the make up of your organisation.

a) List the name of the trustees / directors / office holders of your organisation, and their title.

List the name of those people within your organisation who would have the authority to sign a contract with Community Corrections.

Staff

- a) Complete the following table for those staff members who will be involved in the delivery of your programme.

NAME	QUALIFICATIONS	EXPERIENCE

- b) Describe the procedures your organisation has for supervision and training of staff ?

- c) Does your organisation have an established code of conduct for staff, if so please attach ?

If not, what policies/written expectations does your organisation have regarding the conduct of your staff in relation to dealing with community corrections clients ?

Financial Information

- a) Who is responsible for the finances of the organisation ?

- b) In order to establish that organisations funded are financially stable, Community Corrections requires a copy of your audited accounts as confirmation. Please attach your latest set of accounts to this proposal.

If you are unable to attach the accounts please explain.

Internal Control Systems

- a) Briefly describe the Internal Control Systems of your organisation.

Complaint Procedures

- a) In the space provided below outline the procedures your organisation has for dealing with complaints from clients and purchasers.

Facilities

- a) Where do you intend to conduct your programme ?
- b) Briefly describe the facilities available and how appropriate they are for the delivery of your programme ? Include facilities available for disabled clients.

PART 2

PROGRAMME

Aims and Objectives

- a) What are the aims and objectives of your programme ?

Assessment Process

- b) Describe your process for assessing clients needs and suitability for your programme ?

Content of Programme

- a) What is the content of your programme ?

Process / Delivery

- a) How is your programme delivered ? (eg, length, group sessions, individual sessions, start date, end date)

Cultural Needs

- a) How does your programme take into account the cultural needs of the participants ?

Evaluation

- a) What processes do you have in place for evaluating your programme ?

- b) What outcome is expected for each participant ?

PART 3

COSTS

We propose to provide a programme as outlined in this proposal for the following costs:

Unit on which cost is based:

Hour

Session

Day

Night

Place

Programme

Cost per Unit:

--

Number of units proposed:

--

Total Cost:

--

NB All Costs are to be GST exclusive

I acknowledge that the information contained in this proposal is correct.

Signed:

Print Name:

Position in Organisation:

Date:

DEPARTMENT OF CORRECTIONS

Community Corrections Service

PURCHASE AGREEMENT

For Community-based Programme Providers

199

Name of Organisation / Individual:
(the "Provider")

BACKGROUND

The Department of Corrections has agreed to purchase services from the Provider either in the form of a Community Programme or Maatua Whangai. These services are purchased with the objective of reducing reoffending for offenders who are the responsibility of the Community Corrections Service.

THE PARTIES AGREE AS FOLLOWS:

1. Term

Unless earlier terminated under clause 9, this Agreement will
commence on 199
and will terminate on 199

2. Provider's Obligations

- 2.1 The Provider will provide the Services specified in the Proposal for Funding Document (attached as the First Schedule) in accordance with clauses 2.4 and 2.5.
- 2.3 The Provider will forward quarterly progress reports to the Department in the format and by the dates specified in the Third Schedule.
- 2.4 The Department will purchase a fixed minimum number of units from the Provider as specified in the Second Schedule. The Provider will be paid for these units regardless of the number of these units used by the Department.

- 2.5 The Department will also purchase a variable number of units up to the maximum specified in the second schedule. The Department will only pay for those units actually used. The number of units purchased each quarter will be reviewed by the Department based on referral numbers and completion numbers. As a result of any review the Department may make adjustments to payments made under clause 3.1.
- 2.6 The Provider agrees to:
- a) the payment option specified (either in arrears or advance) specified in the Second Schedule, and
 - b) payment by direct credit as specified in the Second Schedule
- 2.7 The Provider must meet the quality service indicators in the Second Schedule. If in the Department's opinion they have not been met, then the Department may direct the Provider to amend certain aspects of the programme. If the Provider does not comply with any reasonable direction of the Department then;
- a) the Department may make adjustments to payments made under clause 3.1; or
 - b) the Department may treat the non-compliance as a substantial breach of contract under clause 9.
- 2.8 The Provider will maintain sufficient financial records and books of account relating to the provision of the Services to enable financial accounts to be supplied to the Department when requested.
- 2.9 The Provider will not sub-contract any or all of the Services without first obtaining the Department's written approval.
- 2.10 The Provider acknowledges that the purchase of a fixed number of minimum units by the Department places no obligation on the Department to purchase any further units or to renew this Agreement.
- 2.11 The Provider will undergo any process of evaluation which may be agreed with the Department during the term of this Agreement.
- 2.12 The Provider will notify the Department's representative in writing within 24 hours of:
- a) Anything which is affecting or appears likely to affect the successful provision of the services
 - b) Any other suspected or actual material breach of this Agreement.

3. Department's Obligations

** Delete whichever payment option is not applicable*

*3.1 Payment in Arrears

- 3.1.1 The Department will pay the Provider one quarter of the fixed number of units plus variable units actually used in arrears within ten working days of the "Due Dates" specified in the Third Schedule, subject in all cases to:

Clauses 2.5 and 2.6 above; and

The receipt by the Department of completed quarterly progress reports under clause 2.3 above.

- 3.1.2 The Provider must submit a GST tax invoice on a quarterly basis, for payment, if it is GST registered.

NB: All amounts in the contract are GST exclusive.

*3.1 Payment in Advance

- 3.1.1 The Department will pay the Provider one quarter of the fixed number of units plus estimated variable units in advance for the first quarter. All subsequent quarterly payments in advance will be based on the quarterly review by the Department. In all cases payment is subject to:

Clauses 2.5 and 2.6 above; and

The receipt by the Department of completed quarterly progress reports under clause 2.3 above.

- 3.1.2 The Department will withhold 50% of the final quarterly payment until the final quarterly report is received.

- 3.1.3 The Provider must submit a GST tax invoice on a quarterly basis, for payment, if it is GST registered.

NB: All amounts in the contract are GST exclusive.

- 3.2 The Department will consult with the Provider on any matter concerning service provision whenever practicable.

4. Contractor Status

This is an Agreement between the Department and the Provider as an independent contractor, and will not be construed as a contract of employment, partnership or joint venture or agency.

5. Force Majeure

5.1 Neither party will be liable for any act, omission, or failure to fulfil its obligations under this Agreement if such act, omission or failure arises from any cause reasonably beyond its control. The party unable to fulfil its obligations will immediately notify the other in writing of the reasons for its failure to fulfil its obligations and the effect of such failure.

5.2 The Parties will agree on any damage or loss that such act, omission, or failure has caused, and will, if necessary, vary this Agreement in accordance with clause 9.

6. Confidentiality

Both parties will comply with the Privacy Act 1993 and will keep all information in relation to this Agreement confidential, subject to the Department's obligation to comply with the Official Information Act 1982.

7. Disputes

7.1 Both parties will take all reasonable steps to resolve any dispute that may arise in connection with this Agreement.

7.2 Both parties agree to mediate a dispute that cannot be resolved by negotiation between them. The mediation shall be conducted by a mediator to be agreed upon by the parties or, failing such agreement, to be nominated by the president of Arbitrators' and Mediators' Institute of New Zealand Inc.

7.3 Before any dispute is resolved the parties will continue to perform their respective obligations under this Agreement.

7.4 The costs of mediation will be met equally by the parties.

8. Variation

- 8.1 This Agreement may be varied by agreement in writing between the parties.
- 8.2 Any such variation will be read together with and deemed part of this Agreement.

9. Termination

- 9.1 Either party may terminate this Agreement if the other party has in its opinion substantially breached an obligation under this Agreement.
- 9.2 Before terminating this Agreement the complainant party shall give the other party written notice of the breach and request that party to remedy that breach by a specified date, which is reasonable in the circumstances.
- 9.3 Where the party in breach has failed to remedy the breach by the specified date under clause 9.2, this Agreement will terminate.
- 9.4 Upon termination at the specified date:
 - 9.4.1 The Department will not be obliged to pay the Provider other than for Services already provided; and
 - 9.4.2 The Provider will not be obliged to provide any further Services.

10. Notices

Any notice or communication to be given or made by a party under this Agreement will be in writing and will be made by facsimile, personal delivery or by post to the other party's representative described in the Fifth Schedule.

EXECUTED as an Agreement

**SIGNED by the AREA
MANAGER OF COMMUNITY
CORRECTIONS for and on
behalf of THE CHIEF EXECUTIVE
OF THE DEPARTMENT OF
CORRECTIONS**

)
)
)
)
)
)

(Signature)

(Print Name)

in the presence of:

Signature:

Name:

Occupation:

Address:

SIGNED for and on behalf of

)
)
)
)
)
)
)

(Signature)

(Print Name)

**as the PROVIDER
with full authority to bind the
Provider under this
Agreement in the presence of:**

(Designation)

Signature:

Name:

Occupation:

Address:

First Schedule

Funding Proposal Document

Second Schedule

1. Quantity Measures

Unit Cost	
Type of Unit	
Number of Units: Fixed (as agreed with the provider)	
Number of Units: Variable (as agreed with the provider)	
Total Units	
Payment in Arrears or Advance	

2. Quality Service Indicators

Attach Information from Provider Profile or fill in the table below
Explain any "No" comment

Service Indicator	Yes/No
Addresses the required need	
Management Structure	
Financially Stable	
Qualified Staff	
Internal Control Systems	
Monitoring and Evaluation Process	
Adequate Facilities	
Staff Supervision	
Behavioural Objectives	
Cultural Components	
Assessment/Induction Process	
Complaints Procedure	

Third Schedule (Clauses 2.3 and 3.1)

1. Format of Quarterly Progress Reports

(As attached)

2. Dates Due

2 weeks before:

- | | | |
|-----|-------------------|---------------|
| 2.1 | 30 September 1998 | (1st Quarter) |
| 2.2 | 31 December 1998 | (2nd Quarter) |
| 2.3 | 31 March 1999 | (3rd Quarter) |
| 2.4 | 30 June 1999 | (4th Quarter) |

Fourth Schedule

Payments

All Providers will be paid by Direct Credit. Providers must provide the Department with suitable verification of the bank account number to which payments are made.

Provider	
Bank Account Number	
Name on Account	
Name of Bank and Branch	
Verification Type	

Is your organisation GST registered ?	
If yes, GST number	

Fifth Schedule

Notices

1. Department of Corrections

Address:

Telephone:

Facsimile:

Representative:

2. Programme Provider

Address:

PO Box No.

Telephone:

Facsimile:

Representative:

PROGRAMME PROVIDER QUARTERLY REPORT

Programme Provider: _____

Quarter Ending:	30 September 1998 31 March 1999	31 December 1998 30 June 1999
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This report is to be forwarded to the Area Manager Community Corrections 2 weeks before the end of each quarter.

Purpose: *This information is used to determine and analyse:*

- *the quantity of the services provided by individual programme providers and the overall community programmes and their cost per service unit.*
- *programme providers' progress and problems in achieving their programme objectives*
- *the number of purchased units being used*

NUMBER OF UNITS	
<i>(unit type must be the same as in the contract)</i>	Total
Number of units completed during this quarter:	
Number of units commenced but not completed during this quarter.	

Community Corrections Use Only

NUMBER OF UNITS	
	Total
Number of fixed units purchased this quarter.	
Number of variable units purchased this quarter.	
Estimated number of variable units for next quarter.	
Payment to be made to Provider now.	

OFFENDERS ATTENDING PROGRAMMES DURING THIS QUARTER

[illegible]

(Note: Copy more pages as required)

PROGRESS REPORTS ON OFFENDERS FOR THIS QUARTER	
<p>Name of Offender:</p> <p>Comment:</p>	
<p>Overall rating of the offenders response / progress from this programme:</p> <p>Positive / Neutral / Negative</p>	<p>Still on programme</p> <p>Completed Programme</p> <p>Left Programme Without Completing</p>
<p>Name of Offender:</p> <p>Comment</p>	
<p>Overall rating of the offenders response / progress from this programme:</p> <p>Positive / Neutral / Negative</p>	<p>Still on programme</p> <p>Completed Programme</p> <p>Left Programme Without Completing</p>
<p>Name of Offender:</p> <p>Comment</p>	
<p>Overall rating of the offenders response / progress from this programme:</p> <p>Positive / Neutral / Negative</p>	<p>Still on programme</p> <p>Completed Programme</p> <p>Left Programme Without Completing</p>

2 Achievement of Programme Objectives and Delivery Standards

Describe the positive achievement of objectives as well as any problems encountered with the programme including unreported incidents.

3 Incidents Reported to Community Corrections

This section will describe any actions taken or expected to be taken with respect to incidents or situations reported to Community Corrections.

This report is to be forwarded to the Area Manager Community Corrections 2 weeks before the end of each quarter.

[illegible]

PROGRESS OF OFFENDERS FOR THIS QUARTER		
Name of Provider:		
Comment:		
Overall ratings of the offenders who have completed the programme response / progress from this programme, as detailed on the providers report: <i>(fill in the total number for each response)</i>		
Positive	Neutral	Negative
Name of Provider:		
Comment:		
Overall ratings of the offenders who have completed the programme response / progress from this programme, as detailed on the providers report: <i>(fill in the total number for each response)</i>		
Positive	Neutral	Negative

2 Achievement of Programme Objectives and Delivery Standards

For each programme provider report on the achievement of objectives as well as any problems encountered with the programme.

3 Incidents Reported to Community Corrections

This section will describe any incidents and how they were resolved, involving the offenders or Community Corrections which have occurred during the quarter.

APPENDIX 4

- Letter of introduction
- Letter of thanks

Letter of introduction addressed to informants - sample

Department of Social Work

University of Canterbury Private Bag 4800 Christchurch New Zealand

Telephone: 03 364 2443

Fax: 03 364 2498

June 1998

Name of Informant

Dear

Research Project to fulfil the Requirements of a Degree of Doctor of Philosophy — Purchase of Service Contracting

We are writing to seek your assistance with a university-based research project that will explore the impact of the State Sector Reforms on purchase of service contracting in the correctional context. In particular, the research focuses on the purchaser/provider relationship under the Community Programme and Maatua Whangai Programme Fund. The empirical data that is collected during this research project is to be used to inform a doctoral study being undertaken by Lesley Campbell, who has been granted 12 months leave from her position as a service manager in the Community Probation Service, Christchurch Area.

Data Collection for the Research Project

The purpose of this letter is to advise you that in (*month*) 1998 we will be making contact with you and other managers of voluntary sector agencies that received payments from the Community Programme and Maatua Whangai Programme Fund during the 1997/98 financial year. At this initial telephone contact we will invite you to participate in the research project and if you consent arrange a suitable time to undertake the telephone interview. Each telephone interview will take approximately 45 minutes and with your consent be audio-taped. The interview questions focus on gaining information about the various features of your service that result in successful outcomes for Department of Corrections clients and your experiences with the aspects of purchase of service contracting, including the provider selection process, contract specifications and negotiation, accountability measures and contract monitoring.

Ethical Implications of the Research Project

We have considered the ethical implications of undertaking this research project and we have introduced the following strategies. The anonymity of individual informants will be maintained. Information collected from individuals will be collated so that only

aggregated responses will be presented in the thesis. Lesley Campbell will be the only person who has access to the information that could identify particular informants, and this information will be securely stored at the University of Canterbury to ensure that it is only used for the purpose for which it was gathered. We will send you a copy of the interview transcript on request.

While the information and opinions that you give us will greatly assist us with developing a picture that describes the New Zealand contracting situation, it is our expectation that the information resulting from this study will benefit voluntary service providers as it addresses identified issues associated with contracting with government departments and considers a model of contracting that promises to be advantageous for both service providers and purchasers.

We look forward to talking with you some time over the next few weeks and very much value your opinions concerning this analysis of the contracting situation, especially at this time in New Zealand when more and more government departments are transferring service provision to the voluntary sector.

Should you wish to discuss any aspects of this research project we can be contacted at 03 364 2443.

Lesley M. Campbell

Ken Daniels
Associate Professor
Department of Social Work
University of Canterbury

Letter of thanks addressed to informants - sample

Department of Social Work

University of Canterbury Private Bag 4800 Christchurch New Zealand

Telephone: 03 364 2443

Fax: 03 364 2498

December 1998

Name of Informant

Dear

Research Project to fulfil the Requirements of a Degree of Doctor of Philosophy — Purchase of Service Contracting

I am writing to acknowledge your contribution to my university-based research project that is exploring the impact of the State Sector Reforms on purchase of service contracting in the correctional context.

Your description of the services your agency provides to offenders and your analysis of your relationship with purchasers of services, have provided a rich source of primary data with which to examine the contracting relationship between service providers in the community and government purchasing agencies.

Many thanks again for the time you gave to this project and your thoughtful answers to my questions. I enjoyed working with you on this project. Should you have any further questions about the research project do not hesitate to contact me.

Yours sincerely

Lesley M. Campbell